

# New Course Form

**For help filling out the form press F1 or look at the bottom of the screen. For additional instructions, see Course Form Instructions.**

**Type of Action** | **New Course – Course not previously offered.**

1. Catalog Prefix and Number\*: **BTN 295**

2. Course Title: **Independent Investigation in Biotechnology**

**Pilot Course Information:**

Are you requesting pilot status only at this time? Yes  No

**Implementation Date?**

Are you requesting pilot status in addition to regular approval process? Yes  No

Implementation date? Fall or Spring? Fall Year? 2013

Has this course been previously approved as pilot status Yes  No

3. Justification for requested action.

**BTN 295 is being developed for those students to participate in an independent research project in biotechnology under mentorship of faculty.**

4. Submitting Entity: Curriculum Committee:

Or College: **BCTC**

5. Person(s) Primarily Responsible for Proposal (**Complete item only if course is not part of a curriculum package. Verify that members are still current and active prior to submission.**):

Name

Teaching Area

College

**Involvement of Others (Identify Individuals):**

6. System Office Staff:

7. Others:

8. Is this course offered at other colleges?  Yes  No  
 If yes, have they been involved in the development of this course?  Yes  No  N/A

9. Is this course duplicative or similar to other courses offered by KCTCS?  Yes  No  
 If yes, Justification:

10. Credit / Contact Hours: 10a. Semester Credit Hours: Minimum **1** Maximum **3**  
 10b. Semester Contact Hours: **30-90** If lab, etc., ratio of **30:1**  
 contact hours to credit hours. (See contact/credit hour ratio chart)

11. Grading Basis:  Letter Grades  Pass/Fail  Letter Grades/No GPA

12. Repeat for additional credit:  Yes  No

**If yes, complete the following:**

Total credit earned in course: **6** Total completions: **6**

13. Open Entry – Open Exit:  Yes  No

14a. Components (Check all components that require scheduling. For each component that is checked, enter the credit hours and contact hours for each component that is checked.):

Component	Credit Hours	Contact Hours	Component	Credit Hours	Contact Hours
<input type="checkbox"/> Lecture			<input type="checkbox"/> Practicum		
<input checked="" type="checkbox"/> Laboratory	<b>1-3</b>	<b>30-90</b>	<input type="checkbox"/> Co-Op		
<input type="checkbox"/> Clinical			<input type="checkbox"/> Discussion		

**OR**

14b. Integrated Components (If components are integrated, and only one component (lecture or lab) needs scheduling, rather than both lecture and lab, complete this section.)

Lecture/ Lab	Lecture Credit	Lecture Contact	Lab Credit	Lab Contact

15. Requisites:

Pre-requisite  Yes  No If yes, list: **Permission of instructor**  
 Co-requisite  Yes  No If yes, list:  
 Pre-requisite  Yes  No If yes, list:  
 or  
 Co-requisite

16. Implementation Term (Course scheduled to begin, ex. Fall 2012): **Spring 2014**
17. Proposed Course Description (Course description as it will appear in the catalog. Begin each statement with a verb.):  
Investigates specific topics or problems in the field of the biotechnology under direction of the faculty. May be repeated for a maximum of six credits. Laboratory varies with credit.

**Course Proposal Rationale:**

18. Will this course be a part of an approved curriculum/curricula?  Yes  No

If yes, which curriculum/curricula? **Biotechnology Laboratory Technician**  
(Submit a New Curriculum or Revision Form)

**Course Competencies and Delivery:**

19. Proposed Course Competencies/Student Outcomes (*If part of an organized curriculum, how does it relate to program competencies /outcomes? **Begin statement with a capital letter and end with a period.***):

Upon completion of this course, the student can:

**Varies with topic.**

20. Course Outline (*Two-level outline required. Although courses may have more than two levels, the third level is not necessary.*)

Varies with topic

21. List of experiments/activities (*Courses with components other than lecture. e.g., laboratory, clinical, practicum, etc., must include a sample list of experiment topics or activities. Does not have to be all-inclusive.*):

**N/A**

22. Indicate sample suggested classroom resources for course (Should not have publishing date greater than five years.)

**SUGGESTED LEARNING RESOURCES FOR THIS COURSE**

No textbook required

22. Provide a rationale for using textbook/references older than five years. N/A

23. May this course be used as an equivalent for other courses? **Yes** **No** **X**

If yes, please list.

**Signatures:** Complete and submit a signature page for every proposal.

\*The System Office assigns new course numbers. Contact Mary Kleber at [Mary.Kleber@kctcs.edu](mailto:Mary.Kleber@kctcs.edu)