SUBSTANTIAL CHANGE TO COL

INSTRUCTIONS & TIMELINES

- 1) FILL OUT THE FORM COMPLETELY WITH APPROPRIATE SIGNATURES AND ATTACH THE COURSE SYLLAUSING THE SYLLABUS TEMPLATE.
- 2) EMAIL THE COMPLETED DOCUMENTS TO GSCURRICULUM@MCW.EINO LATER THANDECEMBER 1 TO BE APPROVED FOR THE FOLLOWING ACADEMIC YEAR.
- 3) THE C1.728-11.04 11.04 CrE WILL BE REVIEWED ADMINISTRATIVELY RECOMMELERANESS4 ATE SICH11.04
- 4) THE C1.728-11.04 11.04 Cre will be forward expression in the contraction of the contra
- 5) IF APPROVED BY THE COMMITTEE, THE COURSE WILL BE ADDED TO THE COURSE CATALOG FOR THE FOLLOWING ACADEMIC CALENDAR YEAR IN MCWCONNECT.
- 6) IF THE GSCCURRICULUM COMMITTEE WOULD IKE TO REQUEST A GSC VOTE, THE COMMITTEE HOLDS THE RIGHT TO MAKE THE REQUEST.
- 7) THE ENTIRE PROCESS SHOULD TAKE APPROXIMATELY 6 WEEKS. PLEASE PLAN ACCORDINGLY. THE FI DATE SET BY THOSEFICE OF THE REGISTRATED HAVE ALL COURSES APPROVED BY IS FEBRUARY 1

COURSENFORMATION

CURRENTCOURSE TITLE								
NEW COURSE TITLE								
CURRENT PROGRAM CURRENT COURSE NUMBER								
NEW PROGRAM	(IF APPI	_ICABLE)						
ANTICIPATED TE	RM	FALL	SPRING	SUMMER				
OFFERING	YEAR	LY EVER	Y TERM	EVERY OTHER YEAR	AS NEEDED			
TERM LENGTH F	OR EXA	MPLE REFERI	ENCE THE GR	RADUATE SCHO <u>OL ACADEM</u>	IIC CALENDAR			
FALL	SPRI	NG						
18 W	EEKS	16 WEEKS	12 WEEKS	6 WEEKS OTHER				
SUMMER O	NLY							
11 W	EEKS	9 WEEKS	OTHER					
AUDIENCE (SELE	CT ALL	THAT APPLY)	DOCTORAL	MASTERS	CERTIFICATE			
INSTRUCTION	CLAS	SROOM	ONLINE	BY ARRANGEMENT	HYBRID			
CREDIT VALUE- REFERENCEOURS								

CRDUID2.9 (T)-3.4 (U)C15.7 (CT-3.4 (U)2.9 (T)4.1 (E)I).7 (O)1.3 4N

SUBSTANTIAL CHANGE TO COL

	EXPLAINTHE SUBSTANTIAL CHANGES PROPOSED							
	UPDATED COURSEDESCRIPTION (IF APPLICABLE)							
	ATTACHCOURSE SYLLABUS TO THIS FORM							
ΑP	PROVAL SIGNATURS							
	BY SIGNING THIS FORM, YOU ARE ACKNOWLEDGING THAT YOU HAVE EVALUATED YOUR CURRICULUM AND FEEL THIS COURSE ADDS TO THE EDUCATION OF STUDENTS. YOU ALSO ACKNOWLEDGE THAT YOU HAVE SPOKEN TO EACH FACULTY MEMBER LISTED ON THE SYLLABUS AND THEY HAVE AGREED.							

	PRINTED NAME	SIGNATURE	DATE
COURSE DIRECTOR			
PROGRAM DIRECTOR			

SUBMITCOMPLETEDFORM AND COURSE SYLLABUSO GSCURRICULUM@MCW.EDU