Curriculum Development Form — Modify an Existing Course

Date of Proposal: Apr. 3, 2015  Author: Laurie Oelslager

Course Contact: Laurie Oelslager  Grading Method: □ Grade  □ Pass/Fail
Scheduling: ☑ Fall  ☑ Spring  □ Summer  □ Alternate Years  □ Variable  □ On Demand

If yes, which MnTC area(s) will it fulfill (http://mntransfer.org)?

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8  ☐ 9  ☐ 10

The course is being: ☑ Modified  ☐ Deleted (complete Intention Form and obtain signatures)
Describe the modification and the rationale: Updating course outcomes; change in prerequisites.

Is this course a requirement/elective for a specific program or programs? □ Yes  ☑ No
If yes, which program(s)? — DARS search Medical Assisting, Pharmacy Tech.

What impact will this modified course have on other program(s)? ☑

Attach additional paperwork if necessary

As Faculty Developer, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

☑ Prior to Preparing Documentation

☑ Initiation — idea was submitted to Department Chair(s) and Academic Dean/Director for discussion and support
☑ Completed Intention Form

☑ Continue the Curriculum Development Process

☑ COPY of existing CCO was used to make changes
☐ Double-checked:
  • concise 2-3 sentence course description  • course name  • lecture/lab credits and hour breakdown
  • course prefix and number  • prerequisites  • MnTC goal area — LAS courses
☑ Completed MnTC Goal Area Cross-walk Template (for LAS MnTC courses only)
☑ Verified measurable course competencies and learning objectives
☑ Considered potential opportunities and impacts of the change on other programs/departments — DARS Search
☑ Proofread documentation for correct content and proper structure on CCOs based on SCC example
☑ Proofread documentation for grammatical and typographical errors

Faculty Developer Signature  3 - 18 - 15

As Primary Department Chair, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

☐ Documentation through email and department meetings made available for other faculty and programs to provide feedback, includes MnTC Goal Area Cross-walk Template(s)
☐ Proofread documentation for correct content and proper structure on CCOs based on SCC example
☐ I support this course  ☑ I do not support this course — please provide reason(s):

Primary Department Chair Signature  3 - 17 - 15

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For LAS (MnTC courses) — As a LAS Department Chair, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

☐ LAS course (specifically MnTC courses), documentation through email and department meetings made available for other faculty and programs to provide feedback, includes MnTC Goal Area Cross-walk Template(s)

☐ I support this course       ☐ I do not support this course — please provide reason(s):

___________________________________________  ________________________
LAS Department Chair Signature               Date

☐ I support this course       ☐ I do not support this course — please provide reason(s):

___________________________________________  ________________________
LAS Department Chair Signature               Date

☐ I support this course       ☐ I do not support this course — please provide reason(s):

___________________________________________  ________________________
LAS Department Chair Signature               Date

If all 4 LAS Department Chairs do not support the modified course proposal, faculty developer can elevate the proposal to AASC for resolution.

As Academic Dean/Director, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

☐ Identified potential opportunities and impacts of the change on other programs/departments — DARS search
☐ Reviewed MnTC Goal Area Cross-walk Template (for LAS MnTC courses only)
☐ MnTC Goal Area is appropriate based on MnSCU guidelines — Transfer Specialist consulted
☐ Verified credentials for faculty teaching the course
☐ Addressed the need for Class Maximum Change Request form
  ☐ No change in class maximum OR
  ☐ Change in class maximum — Class Maximum Change Request form completed with all necessary signatures

☐ I support this course       ☐ I do not support this course — please provide reason(s):

___________________________________________  ________________________
Academic Dean/Director Signature               Date

If Academic Dean/Director does not support the modified course proposal, faculty developer can elevate the proposal to AASC for resolution.

Upload this signed form as a PDF to WIDS Shared Document folder — Curriculum Committee.

Following Curriculum Committee support, this form is completed with final signatures.

___________________________________________  4/3/2015
Curriculum Committee Chair Signature               Date

___________________________________________  4/14/15
Vice President of Student and Academic Affairs Signature               Date