Appendix D

CURRICULUM COMMITTEE CHECKLIST

NAME OF PROGRAM: BROAD FIELD AS HIST SCI. Date: 4-26-11

Step 1 Reviewed change at division meeting.  

YES [ ] NO [ ]

Step 2 Presented as informational item at Division Chair meeting(s) and checked if it affects other departments. Like programs must meet with Division Chairs on all affected campuses (North Mankato and Faribault).

Division Chair’s signature

YES [ ] NO [ ]

Step 3 Instructional Dean reviewed and indicated need for Curriculum Committee approval.

Instructional Dean’s signature

YES [ ] NO [ ]

Step 4 Advisory Committee approval indicated in meeting minutes if necessary. Minutes provided to Curriculum Committee.

Advisory Committee’s signature

YES [ ] NO [ ]

Step 5 Curriculum Committee made recommendations (changes, additional approvals, etc.). If no, skip to Step 7.

YES [ ] NO [ ]

Step 6 Committee’s recommendations completed. (Skip if not applicable.)

YES [ ] NO [ ]

Step 7 Curriculum Committee approved.

Curriculum Committee Chair’s signature

YES [ ] NO [ ]

Step 8 Minutes and necessary materials provided to VP of Academic Affairs.

YES [ ] NO [ ]

Step 9 Vice President of Academic Affairs approved.

Vice President of Academic Affairs’ signature

YES [ ] NO [ ]

Step 10 New Course Maximum Enrollment to Shared Governance.

YES [ ] NO [ ]

Step 11 President’s approval for all changes requiring MnSCU approval.

President’s signature

YES [ ] NO [ ]
Appendix C

New Program or Program Change Proposal Form

Date of Proposal: 9/28/11____________________________________

Author: W.C. Sander____________________________________

Proposal Type: ___X___ New Program _____ Program Redesign _____ Suspend Program
______ Reinstat Program _____ Add Emphasis _____ Delete Emphasis

Contact for the Program: W.C. Sanders______________________________

Program Name: Broad Field Associate in Science, Health Sciences____ CIP Code: _

Division in Which Program is Currently or Will Be Held: Allied Health Services____

Proposal Start (Term/Year): Fall 2012____________________________________

Program Description:

Degrees Offered: ___X___ AS _____ AAS _____ AA _____ Diploma ___Certificate

Program Location: ___X___ Faribault Campus ___X___ North Mankato Campus _____ Online

Prerequisites: Accuplacer Placement Scores____________________________________

Number of Credits: 60________________

If There is a Program Change, Summarize Changes to the Program________________

Rationale for Program Development or Program Change. MnSCU proposed an approved blanket
articulation for 2 year college to University Health Science Programs

What Impact Will this New Program or Change Have on Other Programs or Areas? None

Are There Articulations With Other Colleges? ___Yes_________________________

Attach Program Design to this Form. Below are Some Recommended Items:
 a. List of program requirements (i.e.: what the catalog page shows for each program).
 b. Cross walk from previous program curriculum to new (how students already started in
   the old program can finish after this new program begins).
 c. All required course numbers and titles.

Additional supporting information, such as minutes documenting recommendation for proposal.