**SADDLEBACK COLLEGE**

**CURRICULUM DEVELOPMENT**

|  |
| --- |
| **NEW COURSE PROPOSAL** |
| Date:  |  Click here to enter text. | Prepared & Submitted by:  |  Click here to enter text. |
| Department: : : :t: | Click here to enter text. | Course Prefix & Number 600:  |  Click here to enter text. |

|  |
| --- |
| **Obtain original (blue ink) signatures from your Department Chair and Division Dean prior to submitting to the Curriculum Office.** |
| Click to enter date | Click here to enter text. Print Name |  Signature, Faculty Requestor  |
| Click to enter dateClick to enter date | Click here to enter text. Print NameClick here to enter text. Print Name |  Signature, Department Chair Signature, Other related discipline Chair (if relevant) |
| Click to enter date | Click here to enter text. Print Name |  Signature, Dean |

|  |  |
| --- | --- |
| Course Title (60 Character max and do not use any of these symbols: ? < > " \ / \* : |) Click here to enter text. | Short Title: Click here to enter text. |
| Units: Click here to enter text. | Lec hrs: Click here to enter text. | Lab hrs: Click here to enter text. |
| Credit Status: [ ]  Credit – Degree Applicable [ ]  Credit – Non-degree Applicable [ ]  Non-Credit |
| TOP Code: Click here to enter text. | Non-Credit Category: Click here to enter text. | Occupational Code (SAM): Click here to enter text. |

1. Anticipated first term of offering: [ ]  Fall [ ]  Spring Year 20Click here to enter text.
2. Catalog Description:

Click here to enter text.

1. Is this course being aligned to a C-ID descriptor? [ ]  Yes [ ]  No [ ]  N/A

C-ID Code: Click here to enter text.

If yes, see the Articulation Officer for assistance with C-ID descriptors.

1. A. Will course be cross-listed? [ ]  Yes [ ]  No

If yes, which department is responsible for scheduling, updating, and assessing the course?

 Reason for cross-listing: Click here to enter text.

 B. If you are mirroring a Non-Credit course with a Credit course- please list Credit course here:

1. Justification of recommendation for new course: How was the need for this course identified? How will this course meet student needs in ways that currently approved courses (including those from other departments) do not?

Click here to enter text.

1. Course Requisites:

List all requisites\*:

Prerequisite: Click here to enter text.

Co-requisite: Click here to enter text.

Limitation on enrollment: Click here to enter text.

Recommended Prep: Click here to enter text.

*\*Please attach justification for the recommended requisites. Refer to the* [*Chancellor’s Guidelines for Title 5 §55003*](https://www.saddleback.edu/uploads/curriculum/prerequisites_guidelines_55003_final.pdf)

1. Will this be a standalone course?

[ ]  Yes Course will **NOT** be included in a degree or certificate program.

[ ]  No Course **WILL** be included in a degree and/or certificate program.

Which ones: Click here to enter text.

*\*Paperwork for the program (new or revised) must be submitted at the same time as the new course is being developed*

1. Proposed Grading System:

[ ]  Letter Grade Only [ ]  Option of a standard letter grade or Pass/No Pass

[ ]  Pass/No Pass only [ ]  Pass/Satisfactory Progress/No Pass (P/SP/NP)

1. Will course be Repeatable? [ ]  No [ ]  Yes

Additional skills that will be acquired by repeating this course must be included in the course outline.

If yes, how many times? [ ]  1 [ ]  2 [ ]  3 [ ]  Unlimited (Non-credit only)

Reason for Repeating:\*

[ ]  Intercollegiate Athletics

[ ]  Intercollegiate Competition

[ ]  Occupational Work Experience/General Work Experience

[ ]  Additional enrollment required by Transfer Institution (CSU & UC only) to meet lower division requirements for a baccalaureate degree.

*\*Provide documentation*

1. Will this course be part of an approved family?

[ ]  Yes If yes, identify family: Click here to enter text.

[ ]  No

1. What resources will be needed in order to offer this class at Saddleback? e.g. staff, faculty, supplies/ equipment, facilities.

Click here to enter text.

1. If degree-applicable, please complete the following information on articulation recommendations. Please contact the Articulation Officer for assistance. [ ]  N/A

12A. Transfer: Would you recommend that this course transfer to:

CSU [ ]  Yes [ ]  No UC [ ]  Yes [ ]  No

Private [ ]  Yes [ ]  No

Will the course satisfy a major requirement at CSU or UC? [ ]  Yes [ ]  No

Please attach documentation and complete below:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Click |  | Click | at | Click |  | Click | Required for | Click |
| Course Title |  | Course No. | CSU Campus |  | UC Campus | Program or Major |
| Click |  | Click | at | Click |  | Click | Required for | Click |
| Course Title |  | Course No. | CSU Campus |  | UC Campus | Program or Major |
| Click |  | Click | at | Click |  | Click | Required for | Click |
| Course Title |  | Course No. | CSU Campus |  | UC Campus | Program or Major |

12B. General Education: Would you recommend that this course satisfy a GE requirement in any of the following GE patterns? Please consult with the Articulation Officer before completing this section.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | **Language/Rationality** (English Comp, Communication/Analytical Thinking/Critical Thinking, Mathematics)  | **Arts/Humanities**  | **Social/Behavioral Sciences**  | **Natural Sciences**  | **Life Long Understanding**  | **Ethnic Studies**  |
| Local GE | ​​☐​  | ​​☐​  | ​​☐​  | ​​☐​  | ​​☐​  | ​​☐​  |
| Cal-GETC | ​​☐​  | ​​☐​  | ​​☐​  | ​​☐​  | ​​☐​  | ​​☐​  |