

# SUBSTANTIAL CHANGE TO COL

## INSTRUCTIONS & TIMELINES

- 1) FILL OUT THE FORM COMPLETELY WITH APPROPRIATE SIGNATURES AND ATTACH THE COURSE SYLLABUS USING THE SYLLABUS TEMPLATE.
- 2) EMAIL THE COMPLETED DOCUMENTS TO [GSCURRICULUM@MCW.EDU](mailto:GSCURRICULUM@MCW.EDU) NO LATER THAN DECEMBER 1 TO BE APPROVED FOR THE FOLLOWING ACADEMIC YEAR.
- 3) THE C1.728 -11.04 11.04 CrE WILL BE REVIEWED ADMINISTRATIVELY BY COMPLETING DATE SCH11.04
- 4) THE C1.728 -11.04 11.04 CrE WILL BE FORWARDED TO THE GSC COMMITTEE FOR REVIEW.
- 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 GSC CURRICULUM COMMITTEE WOULD LIKE 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 DEADLINE SET BY THE OFFICE OF THE REGISTRAR TO HAVE ALL COURSES APPROVED BY IS FEBRUARY 1

## COURSE INFORMATION

CURRENT COURSE TITLE \_\_\_\_\_

NEW COURSE TITLE \_\_\_\_\_

CURRENT PROGRAM \_\_\_\_\_ CURRENT COURSE NUMBER \_\_\_\_\_

NEW PROGRAM (IF APPLICABLE) \_\_\_\_\_

ANTICIPATED TERM    FALL                      SPRING                      SUMMER

OFFERING            YEARLY            EVERY TERM            EVERY OTHER YEAR            AS NEEDED

TERM LENGTH FOR EXAMPLE REFERENCE THE GRADUATE SCHOOL [ACADEMIC CALENDAR](#)

FALL                      SPRING  
18 WEEKS    16 WEEKS    12 WEEKS    6 WEEKS    OTHER \_\_\_\_\_

SUMMER ONLY  
11 WEEKS    9 WEEKS    OTHER \_\_\_\_\_

AUDIENCE (SELECT ALL THAT APPLY)    DOCTORAL                      MASTERS                      CERTIFICATE

INSTRUCTION    CLASSROOM            ONLINE            BY ARRANGEMENT            HYBRID

CREDIT VALUE- REFERENCE COURSE

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

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EXPLAIN THE SUBSTANTIAL CHANGES PROPOSED

UPDATED COURSE DESCRIPTION (IF APPLICABLE)

**ATTACH COURSE SYLLABUS TO THIS FORM**

APPROVAL SIGNATURES

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			

SUBMIT COMPLETED FORM AND COURSE SYLLABUS TO [GSCURRICULUM@MCW.EDU](mailto:GSCURRICULUM@MCW.EDU)