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| Click here to enter a date. | **Curriculum Form CM, Part 1** |

**BRCC Faculty Senate Courses & Curricula Committee**

**Curriculum Form for Modification of an Existing Course**

**Part 1: General Information (for Banner and the BRCC Catalog)**

To be completed by a member of the BRCC Faculty proposing the curriculum action.

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| 1. Division: |       |
| 2. Department: |       |
| 3. Faculty Submitter: |       |

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| 4. Course Details |
|  | Prefix & Number | Title | LCCN | CIP Code |
|  |       |       |       |       |

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| 5. Proposed Term and Year for Implementation: |       |

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| 6. Identify the components of the master syllabus to be modified. Include each component selected when completing sections 6 and 7. |
|  |[ ]  Course Title |[ ]  Prerequisite(s) |
|  |[ ]  Louisiana Common Course Number (LCCN) |[ ]  Co-requisite(s) |
|  |[ ]  Lecture & Lab hours/wk |[ ]  Suggested Enrollment Cap |
|  |[ ]  Per semester Lecture-Lab-Instructional Contact Hrs |[ ]  Course-Specific Learning Outcomes |
|  |  |  |[ ]  General Education Learning Outcome |
|  |[ ]  CIP code |[ ]  Assessment Measures |
|  |[ ]  Course Description\* |[ ]  Expanded Course Outline |
|  |[ ]  Addition or modification of student fee\*\* |[ ]  Other:       |
|  |  | *\* If one of the proposed actions is the addition of a fee, the Course Description must be modified to include a final sentence stating the course includes a (name the type of) fee.**\*\* If one of the proposed actions is the addition or modification of a student fee, complete* [*section 9*](#studentfee)*.*  |

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| 7. For each component identified in #6, provide the current and describe the proposed, revised information. Compose each description as follows: “Modify the (state the master syllabus component), from (current) to (proposed, revised)”, or “Modify the (state the master syllabus component), by replacing (current) with (proposed, revised)”, as appropriate for the component. |
| a. Modify the       |
| b. Modify the       |
| c. Modify the       |
| d. Modify the       |
| e. Modify the       |
| f. Modify the       |
| g. Modify the       |
| h. Modify the       |

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| 8. For each component identified in #6 and described in #7, provide the rationale for the proposed modification. Composed the rationale for each proposed modification such that it completes a sentence that begins with the description from section #6. For example, if an entry in section 6 reads “Modify the Course Title, from “Introduction to Fine Arts” to “Introduction to Visual Arts”, then the corresponding entry in this section may be “to adequately reflect the course’s content and its alignment with CART 1023, Introduction to Visual Arts, in the Board of Regents’ Master Course Articulation Matrix and the Louisiana Common Course Catalog (to which the course is equivalent).” |
| a.      . |
| b.      . |
| c.      . |
| d.      . |
| e.      . |
| f.      . |
| g.      . |
| h.      . |

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| 9. Student Fee. Select the appropriate option below. |
|  | Type of Fee | Brief Description |  | **$ per student** |
|[ ]  Lab fee |       |  |       |
|  | [ ]  New Lab fee: the required itemized list of what the fee will be used to purchase, along with the vendor source, accompanies this form.[ ]  Revised Lab fee: the required original Lab fee itemized list approved by the Vice Chancellor for Finance and an updated itemized list are attached. (If the Dean overseeing the course does not have the original approval, contact the Director of Curriculum and Articulation.) |
|[ ]  Studio fee |       |  |       |
|  | [ ]  New Studio fee: the required itemized list of what the fee will be used to purchase, along with the vendor source, accompanies this form.[ ]  Revised Studio fee: the required original Studio fee itemized list approved by the Vice Chancellor for Finance and an updated itemized list are attached. (If the Dean overseeing the course does not have the original approval, contact the Director of Curriculum and Articulation.) |
|[ ]  Exam fee\*\* |       |  |       |
|  | [ ]  New Exam fee: the required documentation supplying the cost and provider of the Exam accompanies this form.[ ]  Revised Exam fee: the required original Exam fee approved by the Vice Chancellor for Finance and updated cost and vendor information are attached. (If the Dean overseeing the course does not have the original approval, contact the Director of Curriculum and Articulation.) |
|[ ]  Course Materials |       |  |       |
|  | [ ]  ***Check here if the Course Materials fee is associated with an Inclusive Access agreement.*** Contact the Director of Curriculum and Articulation and the Chair of Courses and Curricula before submitting this proposal. |
|  | [ ]  New Course Materials fee: the required documentation supplying the cost and provider of the Course Materials accompanies this form.[ ]  Revised Course Materials fee: the required original Course Materials fee approved by the Vice Chancellor for Finance and updated cost and vendor information are attached. (If the Dean overseeing the course does not have the original approval, contact the Director of Curriculum and Articulation.) |
|[ ]  Other |       |  |       |

**Supplemental Information**

For sections 10-17, read each Supplemental Information item and check the box for **Yes** or **No**. Complete this section before proceeding to [Part 2](#Part2).

If for an item the box for **No** is checked, no additional information about the item is required.

If for an item the box for **Yes** is checked, additional information is required. Next to each box in the **Yes** column is a number in parentheses: this is the number for the section in Part 2 of this form where the additional information is to be entered. Sections in Part 2 may be reached either by scrolling or by holding down the Ctrl key while clicking on the section number.

To return to Part 1 after completing sections in Part 2, simultaneously hold down the Alt key and left arrow keys. When each of the sections in Part 2 has been completed, go to and complete the [Signature Page](#SiganturePage).

|  | Yes | No |
| --- | --- | --- |
| 10. Is this a General Education course, or is one of the proposed actions the addition of a General Education Competency/Outcome to the Master Syllabus? | [ ]  ([#19](#GenEd25)) | [ ]  |
| 11. Will the proposed modification(s) impact the opportunity for students to earn an industry-based certification (IBC)? | [ ]  ([#20](#IBC26)) | [ ]  |
| 12. Will the proposed modification(s) impact the assessment of outcomes for one or more programs of study? | [ ]  ([#21](#ProgramOutcomesAssessment27)) | [ ]  |
| 13. Does this course transfer to one or more public post-secondary institution(s) in Louisiana (two-year and four-year institutions)? | [ ]  ([#22](#transferability28)) | [ ]  |
| 14. Will the proposed modification(s) impact any other BRCC course? | [ ]  ([#23](#impactonothercourse29)) | [ ]  |
| 15. Will the proposed action(s) impact any Articulation Agreements or Memoranda of Understanding? | [ ]  ([#24](#AAMOUs30)) | [ ]  |
| 16. Does this course support a program that has an advisory board/committee? | [ ]  ([#25](#advisoryboard31)) | [ ]  |
| 17. Does this course support a program that is accredited by an external agency? | [ ]  ([#26](#programaccreditation32)) | [ ]  |

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| 18. Communication of proposed action with faculty teaching courses in the same discipline, faculty teaching courses supporting the same program, and faculty teaching courses supporting a similar program in the same department and/or division. * If more than one full-time faculty member teaches courses in the same discipline, supporting the same program, or supporting a similar program, the completed and signed Acknowledgement form is required; the proposal will not be reviewed by the Courses and Curricula Committee until the signed Acknowledgement Form has been submitted.
* If all current faculty teaching the course are adjunct, communication of approved actions is the responsibility of the Department and Division.
 |
|[ ]  A. The proposed action has been discussed with faulty teaching courses in the same discipline, supporting the same program, and/or supporting a similar program within the department/division. |
|[ ]  B. The completed and signed Acknowledgement Form accompanies this document. |
|[ ]  C. The Acknowledgement Form is not necessary, as explained below. |
|  |       |

End of Part 1. Proceed to Part 2 (next page).

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| Click here to enter a date. | **Curriculum Form CM, Part 2** |

**Part 2: Supplemental Questions about the Proposed Course Modification(s)**

To be addressed when the answer to one or more questions in Part 1 is “Yes”.

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| 19. General Education (GenEd) Courses. Select **A**, **B**, **C**, or **D** below. It is the responsibility of the Faculty Submitter to prepare any forms required by the Faculty Senate GenEd Committee. |
|[ ]  A. This is a GenEd course but the requested action(s) do not include modification of one or more General Education Learning Outcomes (GELOs). |
|[ ]  B. One of the proposed actions is the removal or replacement of one or more of the GELOs from the existing master syllabus, as explained below. The Chair of the GenEd Committee concurs; correspondence with the Chair accompanies this proposal. |
|  |  |       |
|[ ]  C. One of the proposed actions is the addition of (a) GELO(s) to the master syllabus. The course has been reviewed and approved by the GenEd Committee for the Choose an item. category. *The General Education form signed by the Chair of the Faculty Senate GenEd Committee must accompany this proposal.* |

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| 20. Industry-Based Certification(s) (IBCs). Indicate below if the proposed action(s) will impact the student eligibility for an IBC associated with the course and/or the primary program supported by this course. |

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|[ ]  A. The course is associated with an IBC but the proposed modifications(s) will not impact the availability of the IBC to students. |
|[ ]  B. The proposed action(s) is(are) intended to facilitate attainment of an IBC. Identify the IBC and explain how the proposed action(s) will facilitate IBC attainment. |
|  |  | IBC Description (from [LCTCS Master IBC list](https://www.lctcs.edu/education-training-and-student-affairs)): |       |
|  |  | Describe how the proposed action(s) are expected to facilitate IBC attainment.  |
|  |  |       |
|[ ]  C. Neither of the above. Provide an explanation for the impact of the proposed action(s) on eligibility for the IBC associated with this course. |
|  |  |       |

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| 21. Program Outcomes Assessment. Below, identify the program impacted by the proposed modification(s) and describe the impact of the proposed action on the assessment of one (or more) program outcomes. *The current and proposed, revised Program Outcomes Assessment Map/Plan must accompany this proposal.* |
|  | Name, award level (abbreviated), and CIP Code of program(s): |
|  |       |
|  | Identify the program outcome impacted by the proposed action (include PO number and the wording of the PO). |
|  |       |
|  | Describe the impact of the proposed action(s) on the assessment of the PO. |
|  |       |

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| 22. Transferability of the course. Check and complete **A** or **B**. |
|[ ]  A. The course is equivalent to  (LCCN, from Part 1, #4) and is listed in the Master Course Articulation Matrix. The proposed modification(s) will not impact the transferability of the course, as explained below. |
|  |  |       |
|[ ]  B. The course does not have an equivalent in the Board of Regents’ Master Course Articulation Matrix. However, equivalency has been established, as described below. *Documentation supporting the equivalency must accompany this proposal.* |
|  |[ ]  i. The course has an equivalent at one or more LCTCS institutions based on a course outline developed by faculty System-wide. |
|  | Course prefix and number: |       |
|  | Course title: |       |
|  | Course CIP code: |       |
|  |  |[ ]  a. The proposed action(s) will not impact the transferability of the course, as explained below. |
|  |  |  |  |       |
|  |  |[ ]  b. The proposed action(s) will impact the transferability of the course, as explained below. *Upon approval of the proposed actions, the Faculty Submitter is responsible for contacting BRCC’s Chief Articulation Officer, who will notify LCTCS.* |
|  |  |  |  |       |
|  |[ ]  ii. The course has an equivalent in an approved statewide curriculum developed in the LCTCS that BRCC has adopted. |
|  | Course prefix and number: |       |
|  | Course Title: |       |
|  | Course CIP code: |       |
|  | LCTCS institution(s) offeringan equivalent course: |       |
|  |  |[ ]  a. The proposed action(s) will not impact the transferability of the course, as explained below. |
|  |  |  |  |       |
|  |  |[ ]  b. The proposed action(s) will impact the transferability of the course, as explained below. *Upon approval of the proposed actions, the Faculty Submitter is responsible for contacting BRCC’s Chief Articulation Officer, who will notify LCTCS; the Faculty Submitter and her/his Department Chair and Dean are responsible for notifying their LCTCS colleagues.* |
|  |  |  |  |       |
|  |[ ]  iii. Equivalence has been established at the following four-year institutions: |
|  | Louisiana State University |
|  | Course prefix and number |       |
|  | Contact name |       |
|  | Department |       |
|  | Email or TEL |       |
|  |  |  |
|  | Southern University, Baton Rouge |
|  | Course prefix and number |       |
|  | Contact name |       |
|  | Department |       |
|  | Email or TEL |       |
|  |  |  |
|  | Southeastern Louisiana University |
|  | Course prefix and number |       |
|  | Contact name |       |
|  | Department |       |
|  | Email or TEL |       |
|  |  |  |
|  | Other (name of institution):       |
|  | Course prefix and number |       |
|  | Contact name |       |
|  | Department |       |
|  | Email or TEL |       |

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| 23. Below, describe the anticipated impact of the proposed modification(s) on another existing BRCC course(s). |
|  |       |

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| 24. *Articulation Agreements/Memoranda of Understanding (MOUs). It is the responsibility of the Faculty Submitter and the Dean for the division overseeing the course to review existing articulation agreements/MOUs and correspond with the transfer institution to make revisions deemed necessary as a result of the approval of the proposed modification(s).* |

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| 25. Advisory Board(s)/Committee(s) |
|[ ]  A. The proposed modification(s) does(do) not impact the content of the program supported by the course; consequently, approval by an advisory board/ committee is not needed. |
|[ ]  B. The proposed action(s) has(have) the support of and has(have) been approved by the program’s advisory board/committee. Minutes for the meeting at which the proposed action(s) was(were) discussed, along with the name of the advisory board/ committee, of each member, and each members’ affiliation must accompany this proposal. |

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| 26. Programmatic Accreditation |
|[ ]  A. Full name of external accrediting agency/body (and abbreviation): |
|  |  |       |
|[ ]  B. The external accrediting agency is recognized by the [U.S. Department of Education](https://ope.ed.gov/dapip/). |
|[ ]  C. The Program/Department/Division is preparing for initial accreditation by the agency. The proposed modification(s) addresses accreditation criteria and the course content is required for programmatic accreditation. |
|[ ]  D. The proposed action is based on a recommendation by the accrediting agency and/or motivated by revisions to the standards of the accrediting agency/body. *Documentation for the recommendation and/or revisions to the standards must accompany this proposal.* |
|[ ]  E. The proposed action has the support of and has been approved by the program’s accrediting agency/body. *The agency’s approval must accompany this proposal.* |
|[ ]  F. The proposed action does not require approval by the program’s external accrediting agency/body, as explained below. |
|  |  |       |

**Signature Page, Curriculum Form for the Modification of an Existing Course**

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| Date: | Click here to enter a date. |

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| Division: |       |
| Department: |       |
| Faculty Submitter: |       |

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| Course Details |
|  | Prefix & Number | Title | LCCN | CIP Code |
|  |       |       |       |       |

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| Proposed Term and Year for Implementation: |       |

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| List the sections of the master syllabus to be modified. State whether a student fee is to be modified or added to the course (two lines, maximum). |
|       |

*In addition to the individuals identified below, signatures are required from Directors of all affected departments: the Acknowledgment Form may be used for this purpose. Approval of the proposed action will be delayed if the appropriate offices/directors have not been notified.*

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|       |  |       |
| **FACULTY SUBMITTER** |  | **DATE** |
|       |  |       |
| **PROGRAM MANAGER** |  | **DATE** |
|       |  |       |
| **DEPARTMENT CHAIR** |  | **DATE** |
|       |  |       |
| **DIVISION DEAN/PROGRAM ADMINISTRATOR** |  | **DATE** |
|       |  |       |
| **CURRICULUM CHAIR** |  | **DATE** |
|       |  |       |
| **ASSESSMENT CHAIR** |  | **DATE** |
|       |  |       |
| **PROVOST/VC FOR WORKFORCE and STUDENT DEVELOPMENT** |  | **DATE** |
|       |  |       |
| **VICE CHANCELLOR FOR FINANCE** (required if student fee proposed) |  | **DATE** |