**Course Modification
\*A new course outline must be submitted with this form.**

Submitted By: Date:

Campus: Phone:

Course Title:

Course Discipline: Course Number:

Modification Effective Date: Fall \_\_\_\_ Spring \_\_\_\_ Year \_\_\_\_\_\_

Rationale: Why is this request being made?

What is changing? (“X” all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Course Credits or Length |  | Student Learning Outcomes |  |
| Course Description |  | Gen Ed Status |  |
| Course Title |  | MnTC Goal Area(s)/Competencies Fulfilled |  |
| Prerequisite(s) |  | Other:Please explain: |  |

Credits: Current: Lecture: Lab: Total Credits:

Proposed: Lecture: Lab: Total Credits:

Course Title: Current:
 Proposed:

Prerequisites: (i.e. course, reading, math, or test score requirement)

Current:
Proposed:

MnTC Goal Area(s)/Competencies Fulfilled: (i.e. Goal Area 7, Competency 01 use exact wording from MnTC which can be [found here](https://www.mnwest.edu/advisory-services/transfer-services/mn-transfer))

Current:
Proposed:

***\*Please attach the proposed new course outline***

Explain how this course change will affect other departments/programs.
(Submit Program Modification paperwork if necessary)

Explain how this course change will affect existing articulation agreements.

**SUBMISSION CHECKLIST**

 Course outlines, current and proposed

 Course Description meets required college format/contains only course content

 Researched effect of change on other programs and articulation agreements

**SIGNATURES**

|  |  |  |
| --- | --- | --- |
| **PERSONNEL** | **SIGNATURE** | **DATE** |
| Instructor: |  |  |
| Administrative Designee: |  |  |
| Division Chair: |  |  |
| Academic Affairs & Standards Council Chair: |  |  |
| Comments: Revised 10/29/19  |