HOSTOS COMMUNITY COLLEGE – For Curriculum Committee **COURSE SYLLABUS MUST BE INCLUDED**

*(For all except change in course number)*

PART A – ROUTINE ACADEMIC MATTERS

SECTION– Program Revisions (change in course number, course title, course description, Prerequisites and Co requisites)

*Department – Change in* ***\_\_\_\_\_\_\_\_\_\_***

Please contact the Curriculum Office for pre-filled forms at [curriculumoffice@hostos.cuny.edu](mailto:curriculumoffice@hostos.cuny.edu) .

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **AV. 17.** - ***\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_ (Please fill in the*** *present* ***Program and name)*** | | | | | | | |
|  | | | |  | | | |
| **Program Name:** | | | | | | | |
| **Effective:** | | | | | | | |
|  | | | |  | | | |
| **From:** (all on this side is from Hostos catalog) | | | | **To:** (all on this side is the NEW information/or change) | | | |
| **Program Name:** (if name is changing, OLD name) | | | | **Program Name:** (if name is changing, NEW name) | | | |
| **Courses** (below) | | | **Credits** | **Courses** (below) | | | **Credits** |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
| **TOTAL DEGREE CREDITS** | | |  | **TOTAL DEGREE CREDITS** | | |  |
|  | | | |  | | | |
| **DESCRIPTION:** | | (if any description changes) | | **DESCRIPTION:** | | (if any description changes) | |
|  | | | |  | | | |
| **RATIONALE:** | **(MUST have a rationale)** | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Credit Value** |  |  |
|  | Hours/week | Credit value |
| Lecture |  |  |
| Laboratory |  |  |
| Seminar |  |  |
| Clinical Experience |  |  |

|  |
| --- |
| Formula for Computing Credit Value  *15 Contact hours = 1 credit*  *45 laboratory hours = 1 credit* |

Have the requested change been discussed with the chairpersons of all affected departments?

|  |  |
| --- | --- |
|  | **Yes** – (attach support letters for the different departments) |
|  |  |
|  | **No, Explain -** |

Does the course necessitate changes/additions in:

|  |  |  |  |
| --- | --- | --- | --- |
| a. Staffing? | b. Space? | c. Equipment? | d. Any unusual cost changes? |

**Reviewed and Approved by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Department Chairperson** |  |  |  |
| **2. Departmental Curriculum Committee** |  |  |  |
| **3. Vice President for Academic Affairs** |  |  |  |
| **4. College Wide Curriculum Committee** |  |  |  |
| **5. College Wide Senate** |  |  |  |

Forwarded for Chancellors Report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)