

# Revised Course Proposal Worksheet

**Current Course Code**: Click or tap here to enter text.

**New Course Code:** Click or tap here to enter text.

**Current Course Title:** *(30 character/space limit)*

Click or tap here to enter text.

**New Course Title**: *(30 character/space limit)*

Click or tap here to enter text.

## General Information

**Person(s) developing the proposal**: Click or tap here to enter text.

**Division**: Choose an item.

**Program Review Area:** Choose an item.

## Accreditation Changes

**Is this course revision the result of program accreditation changes?**

**YES**  **NO**

**If No, please provide a brief explanation for why the course is being revised**:

Click or tap here to enter text.

**How were all program faculty members notified of this proposal?**

Click or tap here to enter text.

**Has the Dean reviewed and approved?**

**YES**  **NO**

**If yes, provide Dean’s name and date of approval.**

Click or tap here to enter text.

## Syllabus Readability Changes

**Has the reading level been checked with these revisions?**

**YES**  **NO**

**If no, the Academic Affairs Office will complete the check**

**The reading level is appropriate for this course?**

**YES**  **NO**

**If no, please provide an explanation:**

Click or tap here to enter text.

**Has the Faculty Minimum Qualification Recommendation form been completed and submitted to Academic Affairs?**

**YES**  **N/A**

**If Yes, please provide your ticket number for the Faculty Minimum Qualification Form in the box below.**  *(For example: 581607)*

Click or tap here to enter text.

## Transfer Information

**Does this course currently transfer to other colleges in Michigan?**

*If yes, these changes will be reviewed by Academic Affairs through the Michigan Transfer Network.*

**YES**  **NO**

If yes: Click or tap here to enter text.

**Please identify your top transfer partners. If you are unsure of your transfer partners, send an email to** [**CDS**](mailto:lcc-cds@lcc.edu?subject=Top%20Transfer%20School%20Inquiry) **requesting information.**

Click or tap here to enter text.

Proposed Course Syllabus**:** *Complete all sections as it will appear on the official course syllabus*

**Number of Credits:** Click or tap here to enter text.

**Billing Hours:**  Click or tap here to enter text.

**Lecture Hours:** Click or tap here to enter text.

**Lab Hours:** Click or tap here to enter text.

**Other Hours:**  Click or tap here to enter text.

**Enter the course description below, with a maximum of approximately 50 words.**

Click or tap here to enter text.

## Requisites

*Enter the appropriate requisite(s) below. Include minimum grade required for each prerequisite course.*

**Prerequisite Course(s):** Click or tap here to enter text.

**Placement Score(s):** Click or tap here to enter text.

**Co-Requisite(s):** Click or tap here to enter text.

**Recommended:** Click or tap here to enter text.

**Restriction(s):** Click or tap here to enter text.

## **Learning Outcomes**

**Are student learning outcomes being revised?**

**YES**  **N/A**

**If Yes, identify any student learning outcome changes that alter alignment with the Program Learning Outcomes (or for courses not connected to a Program,** [**Essential Learning Outcomes**](https://www.lcc.edu/provost/essential-learning-outcomes.html)**).**

Click or tap here to enter text.

**Enter the performance-based student learning outcomes for the course.** *(See* [*Blooms Taxonomy Action Verbs*](https://www.lcc.edu/provost/senate/documents/cc/forms/blooms-taxonomy-job-aid.docx) *for review).*

**Upon successful completion of this course, students should be able to:**

Click or tap here to enter text.

**Are student learning outcomes driven by an accrediting body or regulatory body? (This information will be added to the syllabus.) Use an asterisk to indicate the outcomes above that are taken directly from the accrediting body:**

**YES**  **NO**

**If Yes, list the agency:**

Click or tap here to enter text.

## Evaluation

Enter the methods that will be used to evaluate student performance, if it is required or optional, and the weight range. *(NOTE: The sum of all criteria, required and/or optional, must be able to equal 100%.)*

| Method Type | Required or Optional | Weight Range |
| --- | --- | --- |
| Assignments | Choose an item. | Click or tap here to enter text. |
| Class Participation | Choose an item. | Click or tap here to enter text. |
| Exams or Tests | Choose an item. | Click or tap here to enter text. |
| Final Exam | Choose an item. | Click or tap here to enter text. |
| Papers | Choose an item. | Click or tap here to enter text. |
| Portfolios | Choose an item. | Click or tap here to enter text. |
| Projects | Choose an item. | Click or tap here to enter text. |
| Quizzes | Choose an item. | Click or tap here to enter text. |
| Reports/Presentations | Choose an item. | Click or tap here to enter text. |
| Workbook | Choose an item. | Click or tap here to enter text. |
| Worksite | Choose an item. | Click or tap here to enter text. |
| Other *(please explain)*  Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |

NOTES:

Click or tap here to enter text.

## Materials

**Enter the materials, tools, apparel, etc. (not textbooks) required of the students:**

Click or tap here to enter text.

## **Grading Scale**

**Indicate the grading scale used for the course:**

**LCC Standard Scale**

**Alternate Grading scale**

**Include alternate scale below:**

Click or tap here to enter text.

**Pass/Fail**

**For Pass/Fail, indicate minimum % for passing** **grade**: Enter numerical%.

Course Policies**:** Enter the course policy or policies that will be included for all sections

**Class Attendance *(Only for Programs with licensure/accreditation requirements that mandate attendance-taking)***

Click or tap here to enter text.

**Participation *(See*** [***Course Syllabus Language: Replacing Attendance with Participation***](https://www.lcc.edu/provost/senate/documents/cc/forms/course-syllabus-language-replacing-attendance-with-participation.pdf) ***on Curriculum Committee webpage ˃ Forms tab)***

Click or tap here to enter text.

**Late Tests and Assignments**

Click or tap here to enter text.

**Other**: Click or tap here to enter text.

**Extra credit may be available for this class?**  **YES**  **NO**

**In the space below, enter course practices that should be included in ALL sections. If none, type "N/A"**

Click or tap here to enter text.

## **Additional Comments**

Click or tap here to enter text.

**When completed:**

* **Forward this completed worksheet and any attachments to your Program Director, Associate Dean, or Academic Coordinator.**
* **The documents will be reviewed.** 
  + **If the CIMT rep has questions, you will be advised.**
  + **If no questions, your CIMT rep or designee will enter the information into the 5-Star ticket system and the process will begin.**

**If you wish to be advised of the status, please check with your CIMT rep. or designee.**

### AA Office Use Only:

|  | Status | Initials | Date |
| --- | --- | --- | --- |
| 1. | Review and approved by Dean |  |  |
| 2. | Received submitted 5-Star Ticket |  |  |
| 3. | Forwarded to Director of Assessment and Curriculum Committee-TRT |  |  |
| 3a. | If necessary, forwarded and reviewed by the Director of Academic Quality re: transferability |  |  |
| 4. | Reviewed and approved by the Director of Assessment |  |  |
| 5. | Reviewed by Curriculum Committee-TRT and report sent |  |  |
| 6. | Reviewed and approved by Curriculum Committee |  |  |
| 7. | Reviewed and approved by Academic Senate |  |  |
| 8. | Reviewed and approved by Provost/designee |  |  |

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The following individuals have been designated to handle inquiries regarding the nondiscrimination policies: Equal Opportunity Officer, Washington Court Place, 309 N. Washington Square Lansing, MI 48933, 517-483-1730; Employee Coordinator 504/ADA, Administration Building, 610 N. Capitol Ave. Lansing, MI 48933, 517-483-1875; Student Coordinator 504/ADA, Gannon Building, 411 N. Grand Ave. Lansing, MI 48933, 517-483-1885; Human Resource Manager/Employee Title IX Coordinator, Administration Building, 610 N. Capitol Ave. Lansing, MI 48933, 517-483-1879; Student Title IX Coordinator, Gannon Building, 411 N. Grand Ave. Lansing, MI 48933, 517-483-9632.