

KINGSBOROUGH COMMUNITY COLLEGE
The City University of New York

CURRICULUM TRANSMITTAL COVER PAGE

Department: _____ Date: _____

Title Of Course/Degree/Concentration/Certificate: _____

Change(s) Initiated: (Please check)

- | | |
|---|---|
| <input type="checkbox"/> Closing of Degree | <input type="checkbox"/> Change in Degree or Certificate |
| <input type="checkbox"/> Closing of Certificate | <input type="checkbox"/> Change in Degree: Adding Concentration |
| <input type="checkbox"/> New Certificate Proposal | <input type="checkbox"/> Change in Degree: Deleting Concentration |
| <input type="checkbox"/> New Degree Proposal | <input type="checkbox"/> Change in Prerequisite, Corequisite, and/or Pre/Co-requisite |
| <input type="checkbox"/> New Course | <input type="checkbox"/> Change in Course Designation |
| <input type="checkbox"/> New 82 Course (Pilot Course) | <input type="checkbox"/> Change in Course Description |
| <input type="checkbox"/> Deletion of Course(s) | <input type="checkbox"/> Change in Course Title, Number, Credits and/or Hours |
| | <input type="checkbox"/> Change in Academic Policy |
| | <input type="checkbox"/> Pathways Submission: |
| | <input type="checkbox"/> Life and Physical Science |
| | <input type="checkbox"/> Math and Quantitative Reasoning |
| | <input type="checkbox"/> A. World Cultures and Global Issues |
| | <input type="checkbox"/> B. U.S. Experience in its Diversity |
| | <input type="checkbox"/> C. Creative Expression |
| | <input type="checkbox"/> D. Individual and Society |
| | <input type="checkbox"/> E. Scientific World |
- Change in Program Learning Outcomes
- Other (please describe): _____

PLEASE ATTACH MATERIAL TO ILLUSTRATE AND EXPLAIN ALL CHANGES

DEPARTMENTAL ACTION

Action by Department and/or Departmental Committee, if required:

Date Approved: _____ Signature, Committee Chairperson: _____

If submitted Curriculum Action affects another Department, signature of the affected Department(s) is required:

Date Approved: _____ Signature, Department Chairperson: _____

Date Approved: _____ Signature, Department Chairperson: _____

I have reviewed the attached material/proposal

Signature, Department Chairperson: _____