

**KINGSBOROUGH COMMUNITY COLLEGE**  
**The City University of New York**

**CURRICULUM DATA TRANSMITTAL SHEET**

DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

Title of Course or Degree Change: \_\_\_\_\_

**Change(s) Initiated:** (Please check)

- |   |   |
|---|---|
| <input type="checkbox"/> Letter of Intent               | <input type="checkbox"/> Proposal   |
| <input type="checkbox"/> Closing of Degree Program      | <input type="checkbox"/> Proposal (Letter of Intent sent previously)          |
| <input type="checkbox"/> New Course*                    | <input type="checkbox"/> Change in Degree Requirements                        |
| <input type="checkbox"/> New 82 Course                  | <input type="checkbox"/> Change in Degree Requirements (adding concentration) |
| <input type="checkbox"/> New Certificate Program        | <input type="checkbox"/> Change in Discipline Code                            |
| <input type="checkbox"/> Change in Pre/Co-Requisite     | <input type="checkbox"/> Change in Description                                |
| <input type="checkbox"/> Deletion of Course             | <input type="checkbox"/> Change in Course Titles, Numbers, Credits &/or Hours |
| <input type="checkbox"/> Other (please describe): _____ |   |

**PLEASE ATTACH PERTINENT MATERIAL TO ILLUSTRATE AND EXPLAIN ALL CHANGES**

**I. DEPARTMENTAL ACTION**

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

Date approved \_\_\_\_\_ Signature, Committee Chairperson: \_\_\_\_\_

Signature, Department Chairperson: \_\_\_\_\_

**II. PROVOST ACTION**

Provost to act within 30 days of receipt and forward to College-wide Curriculum Committee exercising one of the following options:

- A. **Approved**                       B. **Returned to department with comments**

Recommendations (if any): \_\_\_\_\_

Signature, Provost: \_\_\_\_\_ Date: \_\_\_\_\_

**III. CURRICULUM SUB-COMMITTEE RECOMMENDATIONS (\*FOR NEW COURSES ONLY):**

- A. **Approved**                       B. **Tabled**  (no action to be taken by Curriculum Committee)

Recommendations (if any): \_\_\_\_\_

Signature, Sub-Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. COLLEGE-WIDE CURRICULUM COMMITTEE ACTION**

Committee to act within 30 days of receipt, exercising **one** of the following options:

- A. **Approved**  (forwarded to Steering Committee)  
B. **Tabled**  (Department notified)  
C. **Not Approved**  (Department notified)

Signature, Chairperson of Curriculum Committee \_\_\_\_\_ Date: \_\_\_\_\_