

EASTERN CONNECTICUT STATE UNIVERSITY
CURRICULUM COMMITTEE FORM
MODIFICATION OF AN EXISTING COURSE
Fast Track Form

Please use this form to:

- | | |
|---|---|
| 1. Remove course from catalog (temporary) | 6. Change course repeatability |
| 2. Delete course from catalog (permanent) | 7. Change course description |
| 3. Change enrollment limit | 8. Add, change, or delete permission/s required |
| 4. Change eWeb course title | 9. Add, change, or delete Writing Program |
| 5. Change catalog course title | |

Instructions:

1. Complete this form and all other forms and documentation required by the changes being made (see instructions throughout form)

This includes:

- Official approval emails from the following, as appropriate: Writing Program Director, LAPC Chair
- E-signatures from the Department Chair (required) and Academic Dean (if applicable).

Note: For proposed changes requiring Program Modification form and documentation should be submitted separately.

2. Upon completion, save the form and all supporting documents **as a single PDF file** and send it to the Department Chair and the Academic Dean for their e-signatures. Please do not request e-signatures from the Curriculum Committee chair, however, you may cc: them.
3. Submit the PDF containing the signed form and all documentation to Julie McGowan (mcgowanju@easternct.edu) in the Biology Department for review by the Curriculum Committee.

Note: Signed forms and supporting documents should be combined into one PDF. Please name the file according to the following guidelines:

Course Abbreviation (in all caps) → Course Number → Date → Form Name For Example: **BIO100_2022_FastTrack.pdf**

Due to the large number of proposals and paperwork received by the committee, paperwork that is not complete, organized, formatted correctly, or labeled clearly will be returned to the departments for resubmission. **Any questions regarding paperwork prior to submission should be addressed to the Curriculum Committee Chair.**

Resubmitting Revised Forms:

Proposals that are returned to the department for revisions or additions requested by the Curriculum Committee will be sent via email. When indicated by the committee, substantive revisions should be initialed by the dean and relevant committee chairs. When revisions/additions are completed, forms and documentation should be resubmitted to Julie McGowan as a single PDF.

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Proposing Department: _____		
Chair or Director Name: _____ Chair or Director email: _____ @easternct.edu		
Proposed Effective Semester: <i>Must be approved at least 1 semester prior to effective date</i> SEMESTER: _____ YEAR: _____		
☐ Single Course Course Prefix and Number: _____ Course Name: _____		
☐ Multiple Course Option Please list ALL of the courses for which you would like to request the same modification <i>Note: Multiple course option can only be used for course removals, deletions, and changes to enrollment limits</i>		
Course Prefixes/Numbers/Names: _____ _____		

Proposed Change	Existing Course Information	Proposed Modifications
☐ Remove course from catalog--TEMPORARY <i>If this course is part of the program, please complete a Program Modification form</i>	N/A	N/A
☐ Delete course from catalog--PERMANENT <i>If this course is part of the program, please complete a Program Modification form</i>	N/A	N/A
☐ Change enrollment limit: REQUIRES Dean's signature	Existing enrollment limit: _____	Proposed enrollment limit: _____
☐ Change eWeb course title: <i>If this course is part of the program, please complete a Program Modification form</i>	Existing eWeb course title:	Proposed eWeb course title: (max 30 characters including spaces):
☐ Change catalog course title: <i>If this course is part of the program, please complete a Program Modification form</i>	Existing catalog course title:	Proposed catalog course title: (max 60 characters including spaces):

Proposed Change	Existing Course Information	Proposed Modifications
☐ Change course repeatability <i>(for special topic/field experience/internship courses only)</i>	Existing course repeatability: ☐ Course is NOT repeatable ☐ Course is repeatable--with different topics or learning experience & can count for major/minor ☐ up to _____ times ☐ up to _____ times	Proposed course repeatability: ☐ Course is NOT repeatable ☐ Course is repeatable--with different topics or learning experience & can count for major/minor ☐ up to _____ times ☐ up to _____ times
☐ Change course description	Existing course description:	Proposed course description: (provide a clear description of the course for students; 25 word min)
Permission/s required: ☐ ADD permission required ☐ CHANGE permission required ☐ DELETE permission required REQUIRES Dean's signature	Existing permission/s required: <i>(check all that apply)</i> ☐ Instructor ☐ Chair ☐ Dean ☐ None	Proposed permission/s required: <i>(check all that apply)</i> ☐ Instructor ☐ Chair ☐ Dean ☐ Delete existing permission required
Liberal Arts Core (LAC) course designation: REQUIRES LAC proposal grid & LAPC Chair's approval ☐ ADD LAC designation ☐ CHANGE LAC designation ☐ DELETE LAC designation	Existing Liberal Arts Core (LAC) course designation: ☐ LAC Tier _____ Category: _____ ☐ None	Proposed Liberal Arts Core (LAC) course designation: ☐ ADD/CHANGE to: LAC Tier _____ Category _____ ☐ DELETE existing LAC designation
University Writing Program designation: REQUIRES program modification and the Writing Program Director's approval ☐ ADD writing designation ☐ CHANGE writing designation ☐ DELETE writing designation	Existing writing designation: ☐ STAGE 2 Writing <i>Enhanced</i> ☐ STAGE 2 Writing <i>Intensive</i> ☐ STAGE 3 Writing <i>Intensive in the Major</i> ☐ None	Proposed writing designation: Add/change to: ☐ STAGE 2 Writing <i>Enhanced</i> ☐ STAGE 2 Writing <i>Intensive</i> ☐ STAGE 3 Writing <i>Intensive in the Major</i> ☐ Delete existing writing designation
	N/A	N/A

Special resources needed for the modified course (such as unusual equipment or maintenance costs, special software, library resources, etc):

Special classroom facilities needed for the modified course (such as computer lab, science lab, art studio or seminar room):

Provide a clear RATIONALE for each proposed modification:

Proposing Department: _____

SIGNATURES:

Department Chair:

Name: _____ Signature: _____ Date: _____

Academic Dean: (if applicable—REQUIRED only for changes to enrollment limit and permission/s required)

Name: _____ Signature: _____ Date: _____

Writing Program Director (University Writing Program designations only):

Name: _____ Approval from Writing Program Director should be sent via email with the proposal/s attached

LAPC Chair (LAC courses only):

Name: _____ Approval from LAPC Chair should be sent via email with the proposal/s attached

Curriculum Committee Chair: Do not request e-signature from Chair. Signature to follow Curriculum Committee review

Name: _____ Signature: _____ Date: _____

Senate President:

Name: _____ Signature: _____ Date: _____