

EASTERN CONNECTICUT STATE UNIVERSITY  
GRADUATE CURRICULUM COMMITTEE FORM  
**MODIFICATION OF AN EXISTING GRADUATE COURSE**

**Instructions:**

1. In addition to this completed form, a **course modification** proposal requires:
  - A. A syllabus that includes:
    - The course number and title
    - The catalog course description (as proposed on this form)
    - Course goals and/or learning objectives
    - Methods of assessment & evaluation (including how they comprise the student's final course grade [percentages or point values])
    - Course bibliography, reading list, and/or other required materials
    - Course outline/calendar illustrating the material/concepts to be covered and their tentative distribution over the term of the course
    - For online courses, the syllabus must reflect best practices for online learning (see Policy for Graduate Online Courses)
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  - B. Official approval emails from the following: Chair of department with overlapping course.

**Note: For proposed changes requiring Program Modifications, a separate Program Modification proposal should also be submitted.**

2. Upon completion, save the form and all supporting documents as a **single PDF file** and send it to the Program Coordinator and Graduate Division Dean for their e-signatures. Please do not request e-signatures from the Graduate Curriculum Committee chair, however, you may cc: them.  
Please name the file according to the following guidelines, making sure to include "Grad" in the form name:  
Course Abbreviation (in all caps) → Course Number → Date → Form Name      For Example: **DSC502\_2022\_GradCourseMod.pdf**
3. Forward the signed proposals and supporting documents to Julie McGowan ([mcgowanju@easternct.edu](mailto:mcgowanju@easternct.edu)) in the Biology Department for review by the Graduate Curriculum Committee. Please do not forward any proposals to Julie until they have been signed by all parties.  
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 Graduate Curriculum Committee Chair.**

**Resubmitting Revised Forms**

Proposals that are returned to the department for revisions or additions requested by the Graduate 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.

EASTERN CONNECTICUT STATE UNIVERSITY  
GRADUATE CURRICULUM COMMITTEE FORM  
**MODIFICATION OF AN EXISTING COURSE**

Course Prefix / Number \_\_\_\_\_ Course Name: \_\_\_\_\_ Proposing Department: \_\_\_\_\_  
 Program Coordinator Name: \_\_\_\_\_ Program Coordinator email: \_\_\_\_\_@easternct.edu

**Proposed Effective Term:**  
*Must be approved at least 1 semester prior to effective date*      **TERM:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

COLUMN A	COLUMN B	COLUMN C
<i>Proposed Change</i>	<i>Existing Course Information</i>	<i>Proposed Modifications</i>
<input type="checkbox"/> Change course prefix and/or number	Existing course prefix and number: Prefix: _____ Number: _____	Proposed course prefix and number: Prefix: _____ Number: _____
<input type="checkbox"/> Change eWeb course title	Existing eWeb course title:	Proposed eWeb course title: <i>(max 30 characters including spaces)</i>
<input type="checkbox"/> Change catalog course title	Existing catalog course title:	Proposed catalog course title: <i>(max 60 characters including spaces)</i>
<input type="checkbox"/> Change course description	Existing course description:	Proposed course description: <i>(provide a clear course description for students; suggested 25 word minimum):</i>

*Cross-listing:*

DELETE cross-listing      Note: You must submit a Course Modification for other cross-listed courses.

Proposed Change	Existing Course Information	Proposed Modifications
<input type="checkbox"/> Change program / elective designation	<p><i>Existing program designation:</i></p> <input type="checkbox"/> PROGRAM requirement or elective <input type="checkbox"/> General elective ( <i>only counts toward credits needed to graduate, not toward program</i> )  <input type="checkbox"/> Not applicable	<p><i>Proposed program designation:</i></p> <input type="checkbox"/> PROGRAM requirement or elective <b>REQUIRES Program Modification</b> <input type="checkbox"/> General elective ( <i>only counts toward credits needed to graduate, not toward program</i> ) <b>Program Modification required if course is currently a program requirement or elective</b>
<input type="checkbox"/> Change course repeatability ( <i>for special topic/field experience/internship courses only</i> )	<p><i>Existing course repeatability:</i></p> <input type="checkbox"/> Course is NOT repeatable <input type="checkbox"/> Course is repeatable--with different topics or learning experience & can count for program <input type="checkbox"/> up to _____ times <input type="checkbox"/> up to _____ times	<p><i>Proposed course repeatability:</i></p> <input type="checkbox"/> Course is NOT repeatable <input type="checkbox"/> Course is repeatable--with different topics or learning experience & can count for program <input type="checkbox"/> up to _____ times <input type="checkbox"/> up to _____ times
<input type="checkbox"/> Change student credits	Existing student credits: _____	Proposed student credits: _____ <i>(an Addendum for Proposed Courses Exceeding Three Credits is <b>REQUIRED</b> for courses of more than 3 credits)</i>
<input type="checkbox"/> Change faculty load credits (FLCs)	Existing FLCs: _____	Proposed FLCs: _____
<p>Course prerequisite/s:</p> <input type="checkbox"/> ADD course prerequisite <input type="checkbox"/> CHANGE course prerequisite <input type="checkbox"/> DELETE course prerequisite	<p>Existing course prerequisite/s:</p>    <input type="checkbox"/> None	<p>Proposed course prerequisite/s:</p> <b>Add/change to:</b>
<p>Course co-requisite/s:</p> <input type="checkbox"/> ADD course co-requisite <input type="checkbox"/> CHANGE course co-requisite <input type="checkbox"/> DELETE course co-requisite	<p>Existing course co-requisite/s:</p>    <input type="checkbox"/> None	<p>Proposed course co-requisite/s:</p> <b>Add/change to:</b>

<b><i>Proposed Change</i></b>	<b><i>Existing Course Information</i></b>	<b><i>Proposed Modifications</i></b>
Permissions/s required: <input type="checkbox"/> ADD permission required <input type="checkbox"/> CHANGE permission required <input type="checkbox"/> DELETE permission required	Existing permission/s required (check all that apply): <input type="checkbox"/> Instructor <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Graduate Division Dean <input type="checkbox"/> None	Proposed permission/s required (check all that apply) <input type="checkbox"/> Instructor <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Graduate Division Dean <input type="checkbox"/> Delete existing permission required
<input type="checkbox"/> Change enrollment limit	Existing enrollment limit: _____	Proposed enrollment limit: _____
<input type="checkbox"/> Change course designation to online	Existing course delivery format/s: <input type="checkbox"/> On-ground <input type="checkbox"/> Online <input type="checkbox"/> Hybrid	
<input type="checkbox"/> Other	Describe current:	Describe proposed:

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

**Special facilities needed for the modified course:**

**Provide a clear RATIONALE for each proposed modification:**

Course Prefix / Number: \_\_\_\_\_ Course Name: \_\_\_\_\_ Proposing Department: \_\_\_\_\_

**SIGNATURES:**

**Program Coordinator:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Graduate Division Dean:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Senate President:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR REGISTRAR'S USE ONLY:**

Date Processed:		Signature:		CIP Code:	
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