

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

Please use this form to:

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

Instructions:

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

This includes e-signatures from the Program Coordinator (required) and Graduate Division Dean (if applicable).

Note: For proposed changes requiring Program Modification, the relevant 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 Program Coordinator and the Graduate Division Dean for their e-signatures. Please do not request e-signatures from the Graduate 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 Graduate Curriculum Committee.

Note: Signed forms and supporting documents should be combined into one PDF. 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_GradFastTrack.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 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.

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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: _____

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
Note: Multiple course option can only be used for course removals, deletions, and changes to enrollment limits

Course Prefixes/Numbers/Names: _____

Proposed Change	Existing Course Information	Proposed Modifications
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> Change enrollment limit: REQUIRES Graduate Division Dean's signature	Existing enrollment limit: _____	Proposed enrollment limit: _____
<input type="checkbox"/> 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):
<input type="checkbox"/> 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
<input type="checkbox"/> Change course repeatability <i>(for special topic/field experience/internship courses only)</i>	Existing course repeatability: <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	Proposed course repeatability: <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 course description	Existing course description:	Proposed course description: (provide a clear description of the course for students; 25 word min)
Permission/s required: <input type="checkbox"/> ADD permission required <input type="checkbox"/> CHANGE permission required <input type="checkbox"/> DELETE permission required REQUIRES Graduate Division Dean's signature	Existing permission/s required: <i>(check all that apply)</i> <input type="checkbox"/> Instructor <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Graduate Division Dean <input type="checkbox"/> None	Proposed permission/s required: <i>(check all that apply)</i> <input type="checkbox"/> Instructor <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Graduate Division Dean <input type="checkbox"/> Delete existing permission required

Special resources needed for the modified course:

Special facilities needed for the modified course:

Provide a clear RATIONALE for each proposed modification:

Proposing Department: _____

SIGNATURES:

Program Coordinator:

Name: _____ Signature: _____ Date: _____

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

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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