BERGEN COMMUNITY COLLEGE CURRICULUM COMMITTEE

Curriculum Request Sign-Off Action Sheet

Check one: Course □ Program/Option/Certificate/COA □

(Instructions: Attach appropriate proposal forms to this cover sheet.)

Current Title: ____________________________________________________________

Proposed Title (if new or seeking modification): __________________________________

Date of Action: __________

Faculty: ____________________________

Department: ____________________________

Signature: ____________________________

Academic Department Chair: ____________________________

Signature: ____________________________DEPARTMENT VOTE TALLY: __________

Dean: ____________________________

Signature: ____________________________

Senate Curriculum Auditor (Programs): ____________________________

Signature: ____________________________

Senate Course Auditor (Courses): ____________________________

Signature: ____________________________

Curriculum Committee Action: ____________________________

Comments: ____________________________

VP Academic Affairs Signature: ____________________________

Comments: ____________________________

General Education Committee Action (if required): ____________________________

GEC Chair: ____________________________

Senate Action: ____________________________

Comments: ____________________________

President's Signature: ____________________________

Comments: ____________________________

Notification to Associate Dean of Curriculum for Board of Trustees Resolution

Board of Trustees’ Action (if approval required): ____________________________

Notification to Senate Secretary

Notification to Financial Aid

18jan2018
BERGEN COMMUNITY COLLEGE
CURRICULUM COMMITTEE

Course Proposal Form

Check one:   Addition    Modification    Deletion    Other    

Current Title: ____________________________

Proposed Title (if new or seeking modification): ____________________________

Send to General Education Committee after Curriculum Committee action?   YES ☐   NO ☐

Expected date of implementation upon approval (semester, year):__________________________

Date of Action: 

Faculty: ____________________________________________

Department: ____________________________________________

Signature: ____________________________________________

Academic Department Chair: ____________________________________________

Signature: ____________________________________________

Dean: ____________________________________________

Signature: ____________________________________________

Senate Course Auditor: ____________________________________________

Signature: ____________________________________________

Attachments required:

If seeking a modification, include the current materials with the proposed materials.

1. List of credits and contact hours [specify lecture and lab hours, if appropriate]
2. List of pre- and co-requisite[s]
3. Catalog description [75 words or less]
4. Course syllabus
5. Rationale which includes:
   a. Description of need
   b. A list of requirements of an accrediting agency (if applicable)
   c. Letters establishing acceptance for transfer credit at other colleges
   d. Comments of an advisory committee or other appropriate experts/community groups
   e. Faculty requirements
   f. Staff requirements
   g. Library resources, including costs
   h. Equipment
   i. Space requirements
   j. Other resources and costs
6. Provide signed print copies of the proposal forms and email a copy of all materials to Associate Dean of Curriculum, Dr. Ilene Kleinman (kleinman@bergen.edu)

Proposals must meet state and local requirements or they will be returned.
Program/Option/Certificate/COA Proposal Form

Check one:   Addition _______ Modification _______ Deletion _______ Other _______

Current Title: ________________________________________________________________

Proposed Title (if new or seeking modification): ________________________________

Expected date of implementation upon approval (semester, year):____________________

Date of Action:

Faculty: ________________________________________________________________
Department: _____________________________________________________________
Signature: ____________________________

__________________________
Academic Department Chair: ______________________________________________
Signature: ____________________________

__________________________
Dean: ___________________________________________________________________
Signature: ____________________________

__________________________
Senate Curriculum Auditor: _________________________________________________
Signature: ____________________________

Required attachments vary according to the proposal. Consult with the Associate Dean of Curriculum, Dr. Ilene Kleinman (ikleinman@bergen.edu) to determine which attachments are needed. If seeking a modification, include the current materials with the proposed materials.

Required attachments may include:

1. List of all courses including credits and contact hours, prerequisites, and course descriptions. Syllabi for program/option-specific courses may be required.
2. Program/Option Level Outcomes
3. Curriculum Map
4. Rationale must include:
   a. Results of feasibility/needs assessment
   b. List any requirements of an accrediting agency
   c. Letters establishing acceptance for transfer credit at other colleges
   d. Comments of advisory committee or other appropriate experts/community groups
   e. Target population
   f. Description of need
   g. Faculty requirements
   h. Staff requirements
   i. Library resources, including costs
   j. Equipment
   k. Space requirements
   l. Other resources and costs
   m. Consultant report may be required; consult with the Curriculum Office
5. Provide signed print copies of the proposal forms and email a copy of all materials to Associate Dean of Curriculum, Dr. Ilene Kleinman (ikleinman@bergen.edu)

Proposals must meet state and local requirements or they will be returned.