

BERGEN COMMUNITY COLLEGE  
CURRICULUM COMMITTEE

CC/SR# \_\_\_\_\_

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

BERGEN COMMUNITY COLLEGE  
CURRICULUM COMMITTEE

Course Proposal Form

CC/SR# \_\_\_\_\_

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 ([ikleinman@bergen.edu](mailto:ikleinman@bergen.edu))

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

**BERGEN COMMUNITY COLLEGE  
CURRICULUM COMMITTEE**

CC/SR# \_\_\_\_\_

**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](mailto: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](mailto:ikleinman@bergen.edu))

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