

Lake-Sumter Community College
Curriculum & Instruction Committee
CREDIT COURSE ADDITION (Form CCA)

CC No. _____
Year 20____ 20 ____

ALL AREAS MUST BE COMPLETED FOR DATA ENTRY TO AVOID PROPOSAL BEING RETURNED

Course Prefix/Number request _____ Title: _____

Course developed by: _____ Instructional Discipline: _____

Academic Department: _____

Level of Instruction: _____ Prep _____ 1000 _____ 2000 _____ Honors _____

Total Sem. Credit Hrs. _____ Lecture Hrs. _____ Lab Hrs. _____ Contact Hrs. _____ Arts/Sciences _____
Business/Tech _____

Type of Credit/Grading Mode: College Credit _____ College Prep/Developmental _____
Certificate _____ Institutional _____

Gen. Ed. Requirement: Must CHECK: Y _____ N _____ If yes, Discipline: Com _____ Hum _____
Math _____ Natural Physical Science/ _____ Social Sciences _____

Gordon Rule Course: Writing: Y _____ N _____ (6000 words) Math: Y _____ N _____
Satisfies Cultural Diversity Y _____ N _____

Degree Type: AA _____ AS _____ AAS _____ Certificate _____ ATD _____ PSAV _____
TC _____ ATC _____

Fees: Y _____ N _____ Amount \$ _____ Org. Account (element 2): _____

Prerequisite(s)

Co-requisite(s)

Textbook Required: Y ___ N ___ Author: _____

Title: _____

Edition: _____ ISBN # _____ Publisher _____

Copyright date: _____

Repeatable Credit Hours: Y _____ N _____ If yes, total credit hrs _____
Maximum credit hrs to count toward graduation _____

Effective for: Fall _____ Spring _____ Summer _____ Year _____

No. of Sections _____ Projected enrollment cap per section _____

Schedule Type: (**circle one**) Lecture; Combined Lecture/lab; Lab; Clinical lab;

Co-op: Practicum; Web; Independent Study

Program Attributes (list all that apply): _____

The following items must be attached on separate pages with this proposal form:

1) A separate page containing course description to be used in the college catalog.

2) A complete syllabus (following the format found in the Faculty Handbook.)

3) Explanation of how all course fees were determined and what they will specifically be used for (required for state auditing)

4) Special instructions or requirements for Scheduling, Registration, Advising, Cost, etc., if applicable:

Originator: _____ Signature: _____ Date: _____
Print Name

The Department Chair signature indicates that notice of this recommendation has been sent to all full-time faculty in that discipline.

Department Chair: _____ Date: _____

Dean-General Education & Transfer Program: _____ Date: _____

Dean of Career & Technical Programs: _____ Date: _____

The following signatures indicate approval and recommendation by the Curriculum Committee to the VP and President:

Curriculum Chair: _____ Date: _____

Curriculum Vice-Chair: _____ Date: _____

Vice President Academic Affairs: _____ Date: _____

President: _____ Date: _____