NAUGATUCK VALLEY COMMUNITY COLLEGE

# BANNER CATALOG

## COURSE ADD/CHANGE FORM

*Please complete the following information and return to:*

***Academic Dean 719A……CREDIT***

*(Copy to Registrar and CEAC Chair)*

CREDIT NON CREDIT

### NEW/ADD CHANGE

### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Effective Semester: \_\_\_\_\_\_\_\_\_\_\_\_ Suggested Course # (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(30 CHARACTERS-AND OR SPACES MAXIMUM)**

### Credit/CEU hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Contact Hours: ­\_\_\_\_\_\_\_\_\_\_

Lecture: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(credit only)***

Checked for CCN: Yes

Meets 80% Rule: Yes No (Unique)

GEN ED COMPENTENCY CHANGE: Yes No \*If Yes, please indicate the Competency:

COMPETENCY:

Prerequisite(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corequisite(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date CEAC Informed (one-time offering) \_\_\_\_\_\_\_\_ ***OR*** Date Passed by CEAC: \_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIP Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DIVISION DIRECTOR)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Academic Dean

**CHEMICALS OR HAZARDOUS MATERIALS**: List below any chemicals or hazardous materials that will be used in this course. If you are not sure if a material is hazardous, please call Dana Elm 596-2153. If any chemicals or hazardous materials are listed below, a copy of this form **MUST** be sent to Dana Elm **AND** Police Chief Yes No

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COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_