TERRA STATE COMMUNITY COLLEGE

Course Concept Form
New Courses

College Catalog Number (7 characters needed):_____   Virtual   Hybrid   Quasi-Virtual   Face to Face

Course Title (25 characters):_____

Select all that apply (reference in notes): TAG ☐   OTM ☐   CTAG ☐   Additional Articulation ☐

Notes:

Rationale for the Development of this Course (include technology/discipline impacted):

Estimated Budget (to include Software, Equipment, & Development):

Course Description:

Level of Course: Developmental ☐   First Year ☐   Second Year ☐

Hours/Week: Credit:_____ Contact:_____ Clinical:_____ Lab:_____ Lecture:_____

Credit/Grade Type: Regular ☐   S/U ☐   Other:_____

Pre-requisite(s):_____

Co-requisite(s):_____

Lab Fee: $_____ **Computer lab** ☐ **Technology/science lab** ☐ **Printer Use** ☐

Proposed Implementation Term:_____

Approvals:

Originator (Faculty):_____ Date:_____ Curriculum Chair:_____ Date:_____

Dean/Director:_____ Date:_____ CASA Chair:_____ Date:_____