

06/25/09



HLC Accreditation Evidence

Title: Revised Course Checklist

Office of Origin Vice President

URL:

Document Summary:

REVISED COURSE SYLLABUS CHECKLIST

Course Title _____ Syllabus Presenter _____

Please attach the revised syllabus. Consult the Strategic Plan calendar for syllabus submission due dates and subsequent attendance at LICC.

CLASSIFICATION OF COURSE

Academic	Career & Technical	Community Education	Other
<input type="checkbox"/> General Education <input type="checkbox"/> Program requirement <input type="checkbox"/> Elective	<input type="checkbox"/> Military Programs <input type="checkbox"/> Program requirement <input type="checkbox"/> Elective <input type="checkbox"/> Program Alignment	<input type="checkbox"/> Customized training <input type="checkbox"/> Seminar / workshop <input type="checkbox"/> Continuing education <input type="checkbox"/> Lifelong learning	<input type="checkbox"/> Public Offering <input type="checkbox"/> Business and Industry <input type="checkbox"/>

SYLLABUS STATUS/REASON FOR SUBMISSION (Please check all that apply and complete rationale for any checked items.)

NEW COURSE TITLE

Current Course Title _____ Requested Course Title _____

Reason for Title Change:

CHANGE IN CREDIT HOURS

Current Credit Hours _____ Requested Credit Hours _____

Reason for Change in Credit Hours:

CHANGE IN COURSE DESCRIPTION

Reason for Change in Course Description:

REVIVED COURSE (Courses that have not been offered in the last 5 years and have required a major revision.)

Reason for Resurrecting Old Course:

MAJOR SYLLABUS REVISION

Reason for Syllabus Revision: