## NEW \* REVISED \* DELETE

## Course Submission and/or Request for Inclusion in General Education

Department: Course Title, Prefix and Number:	
☐ New (submit on Course Outline)	
☐ Change (submit EXISTING Course Outline with change	ges marked in RED)
$\ \square$ Inclusion in General Education (subject to review by the	ne General Education Committees of CCM)
□ Deletion	
Detailed Description of Changes/Addition:	
Rationale for Addition/Deletion/Change: Be specific. If the from an external accrediting agency or an advisory, included	
Departments or programs affected by this change and desc	cription of effects to those programs.
Department Chairperson	Date
Division Dean	Date
General Education Committee (if necessary)	Date:
Chair of Curriculum Committee	Date: Date:
Vice President of Academic Affairs	Date: