

BOROUGH OF MANHATTAN COMMUNITY COLLEGE
The City University of New York

Curriculum Proposal

CURRICULUM REVISION

Attach a copy of the new and old curricula to this sheet as well as any new course or course revisions required as part of this curriculum revision. Use a two column format comparing the old and new curricula.

1. Name of Department: _____
2. Name of old curriculum: _____
3. Name of new curriculum: _____
4. Degree to be granted: _____
5. Semester curriculum revision will first be effective: _____
6. Estimated enrollment in curriculum (number of students estimated to begin this curriculum per academic year): _____
7. Will this curriculum revision require special materials, equipment or space that were not required for the old curriculum? _____ Yes _____ No If yes, attach an explanation.
8. Number of new courses: _____
9. Number of old courses being dropped: _____
10. Number of course revisions required as part of this revision: _____

Signatures

- | | | |
|----|---|------|
| 1. | Department Chairperson or Program Director | Date |
| 2. | Scheduling Officer (Advised as to Course Code) | Date |
| 3. | Dean of Academic Affairs (Advised as to format) | Date |
| 4. | Chairperson of Curriculum Committee | Date |