

Revision

New Course

If Revision, Section(s)

Revised:

Date of Previous Revision:

Date of Current Revision:

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Subject & Course No.	Descriptive Title	Semester Credits
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Calendar Description:

Allocation of Contact Hours to Type of Instruction / Learning Settings

Primary Methods of Instructional Delivery and/or Learning Settings:

Number of Contact Hours: (per week / semester for each descriptor) Number of Weeks per Semester:	
	Course for which this Course is a Prerequisite
	Maximum Class Size:

PLEASE INDICATE

	College Credit Non-Transfer
	College Credit Transfer:

Course Objectives / Learning Outcomes

Upon successful completion of this course, the student will be able to:

Course Content: The following global ideas guide the design and delivery of this course:

Methods of Instruction