KINGSBOROUGH COMMUNITY COLLEGE
The City University of New York

CURRICULUM TRANSMITTAL COVER PAGE

Department:_____ **Date:**_____

Title Of Course/Degree/Concentration/Certificate:_____

Change(s) Initiated: (Please check)

- ☐ **Closing of Degree**
- ☐ **Closing of Certificate**
- ☐ **New Certificate Proposal**
- ☐ **New Degree Proposal**
- ☐ **New Course**
- ☐ **New 82 Course (Pilot/Exp Course)**
- ☐ **Deletion of Course(s)**
- ☐ **Reactivation of Course**
- ☐ **Change in Degree or Certificate**
- ☐ **Change in Degree: Adding Concentration**
- ☐ **Change in Degree: Deleting Concentration**
- ☐ **Change in Prerequisite, Corequisite, and/or Pre-/Co-requisite**
- ☐ **Change in Course Designation**
- ☐ **Change in Course Description**
- ☐ **Change in Course Title, Number, Credits and/or Hours**
- ☐ **Change in Academic Policy**
- ☐ **Pathways Submission:**
  - ☐ **Life and Physical Science**
  - ☐ **Math and Quantitative Reasoning**
  - ☐ **A. World Cultures and Global Issues**
  - ☐ **B. U.S. Experience in its Diversity**
  - ☐ **C. Creative Expression**
  - ☐ **D. Individual and Society**
  - ☐ **E. Scientific World**
- ☐ **Change in Program Learning Outcomes**
- ☐ **Other (please describe):**_____

PLEASE ATTACH MATERIAL TO ILLUSTRATE AND EXPLAIN ALL CHANGES

DEPARTMENTAL ACTION

Action by Department and/or Departmental Committee, if required:

Date Approved:_____ **Signature, Committee Chairperson:**_____

If submitted Curriculum Action affects another Department, signature of the affected Department(s) is required:

Date Approved:_____ **Signature, Department Chairperson:**_____

Date Approved:_____ **Signature, Department Chairperson:**_____

Date Approved:_____ **Signature, Department Chairperson:**_____

Date Approved:_____ **Signature, Department Chairperson:**_____

Date Approved:_____ **Signature, Department Chairperson:**_____

I have reviewed the attached material/proposal

Signature, Department Chairperson: _____