**HOWARD COLLEGE**

**CURRICULUM CHANGE FORM**

### DEADLINES
- **New Programs** – March 1, fall start date; August 1, spring start date
- **Program Revisions** – due to THECB 45 days prior to the start date
- **Core Curriculum Changes** – February 1
- **Off-site Course Offerings** – March 1

**NOTE:** Deadlines may vary due to reporting requirements.

### ACRONYMS
- SACSCOC: Southern Association of Colleges and Schools Commission on Colleges
- THECB: Texas Higher Education Coordinating Board
- WECM: Workforce Education Course Manual

<table>
<thead>
<tr>
<th>Place “X” by change</th>
<th>Requested Change</th>
<th>Actions and Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Add a new degree or certificate</td>
<td>Contact Vice President of Academic and Student Affairs for SACSCOC and THECB requirements and forms.</td>
</tr>
<tr>
<td></td>
<td>Delete a degree or certificate</td>
<td>Contact Vice President of Academic and Student Affairs for SACSCOC and THECB requirements and forms.</td>
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<tr>
<td></td>
<td>Add or delete courses from a degree or certificate (including Core Curriculum changes).</td>
<td>Attach catalog layout and clearly indicate changes. For new courses, attach the following: Course rubric, number, title, description, credit hours, and contact hours from ACGM or WECM New Course Form Core Curriculum Application Form (if applicable)</td>
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<td>Add or delete course prerequisites or co-requisites.</td>
<td>Attach current catalog description and indicate changes.</td>
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<td>Change course sequencing.</td>
<td>Attach catalog layout and clearly indicate changes.</td>
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<td>Change program entrance requirements.</td>
<td>Attach copy of Advisory Committee Minutes and/or changes mandated by credentialing agency as applicable.</td>
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<td>Offer courses for the first time at a location other than Big Spring, San Angelo, SWCID, or Lamesa sites.</td>
<td>Attach Proposal for Off-Site Course Offerings.</td>
</tr>
</tbody>
</table>

Attach documents and/or information as described in the table above.

**Justification for the change(s):**
List programs that will be affected by the proposed change(s). If a proposed change affects other programs, a letter of support from that program’s director or dean is required.

Describe the impact on students’ completion of the degree plan.

Submit all documentation to the appropriate director and/or dean.

Approvals

Signatures
Program or Division Director: _______________________________ Date: ______________

Dean: _______________________________ Date: ______________

Executive Dean: _______________________________ Date: ______________

Instructional Council Review:
________________________________________________ Date: ______________

Vice President of Academic and Student Affairs: _______________ Date: ______________

SACSCOC Liaison: _______________________________ Date: ______________

Notes and required action (SACSCOC, THECB, and/or Board of Trustees approval, Catalog and Degree Audit review, etc.):
Provide initials