

**CAREER AND TECHNICAL
AND
CONTINUING EDUCATION
INFORMATION**

CAREER AND TECHNICAL/CEU PROGRAM REVISIONS

THECB Submission versus Local Submission Checklists

PROGRAM REVISION CHECKLIST (requires THECB submission)

Mark an “X” to the areas listed below being proposed to the program revision. If any box was marked, the program revision **WILL REQUIRE** Texas Higher Education Coordinating Board (THECB) submission. See [GIPWE 2015, Chapter Six, Page 41](#) for more information.

	To change name of AAS degree or certificate. NOTE: Impacts THECB and Financial Aid.
	To request change in CIP code of degree/certificate to a different CIP code in same program. NOTE: Impacts THECB and Financial Aid.
	To add new Semester Credit Hour (SCH) or Continuing Education (CE) certificate to an existing degree/certificate program. NOTE: New credit certificate impacts THECB and Financial Aid.
	To revise curriculum of an award in any of the following ways:
	Any new Special Topics or Local Need courses are added to curriculum (see <i>GIPWE 2015, Chapter Four</i>). NOTE: Impacts THECB.
	Number of SCH in award is changed or, for a CE program, the length is changed by 100 or more contact hours. NOTE: SCH change to credit award impacts THECB and Financial Aid.
	Length of award is changed by one semester or more. NOTE: Impacts THECB.
	Certificate level is changed from Level 1 (<i>TSI-waived</i>) to Level 2 (<i>TSI-liable</i>) or vice versa. NOTE: Impacts THECB and Financial Aid.
	Any course substitutions are made
	To deactivate an award (<i>suspend new-student enrollment</i>). NOTE: Impacts THECB and Financial Aid.
	To reactivate an award (<i>within three years of deactivation</i>). NOTE: Impacts THECB and Financial Aid.
	To close an award (<i>discontinue and remove from THECB program inventory</i>). SACSCOC approval is required before THECB submission. NOTE: Impacts THECB and Financial Aid.

CAREER AND TECHNICAL/CEU PROGRAM REVISIONS

THECB Submission versus Local Submission Checklists

PROGRAM REVISION CHECKLIST (does not require THECB submission)

Mark an "X" to the areas listed below being proposed to the program revision. If any box was marked, the program revision **WILL NOT REQUIRE** Texas Higher Education Coordinating Board (THECB) submission. See [GIPWE 2015, Chapter Six, Page 42](#) for more information.

	Changes to continuing education (CE) programs of less than 100 contact hours.
	To substitute WECM courses for other WECM courses (<i>except if Local Need or Special Topics courses are being added or removed</i>).
	Automatic THECB closure (<i>within three years of deactivation</i>).
	To substitute ACGM courses for other ACGM courses (<i>provided SACSCOC general education requirements are still met</i>).

**CAREER AND TECHNICAL
CURRICULUM REVISION TRANSMITTAL
MEMORANDUM**

TO: Joyce Williams
Associate Vice Chancellor, Workforce and Community Initiatives
District Office, Workforce Education

FROM: Instructional Vice President at (check one)

<input type="checkbox"/>	Brookhaven College
<input type="checkbox"/>	Cedar Valley College
<input type="checkbox"/>	Eastfield College
<input type="checkbox"/>	El Centro College

<input type="checkbox"/>	Mountain View College
<input type="checkbox"/>	North Lake College
<input type="checkbox"/>	Richland College

As the Instructional Vice President of the Career and Technical Program Curriculum Committee Chairperson for the current curriculum revision cycle, I am transmitting the attached revision documentation. This document has been reviewed by all Career and Technical Program Curriculum Committee members and has been shared with Instructional Vice Presidents at other colleges of DCCCD impacted by the proposed revision. Further, I verify that this revision has been reviewed by all impacted College Curriculum Committees.

I/we understand that while an unofficial electronic working copy of this revision is required for purposes of the District Office of Workforce Education staff review, this transmittal represents the official submission for review and approval by the VP Council.

Vice President Signature/Approval

Date

Revised 08/16/2017

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

PROGRAM REVISION FORM (CREDIT OR CEU) (LOCAL SUBMISSIONS ONLY)

PROGRAM NAME: <i>(Enter program name below)</i>			PROGRAM CIP CODE: <i>(Enter program CIP code below)</i>					
INSTITUTION AND FICE CODE: <i>(Mark "X" next to specific institution(s). May choose more than one)</i>								
		Brookhaven College <i>(FICE Code: 021002)</i>			Mountain View College <i>(FICE Code: 008503)</i>			
		Cedar Valley College <i>(FICE Code: 003561)</i>			North Lake College <i>(FICE Code: 020774)</i>			
		Eastfield College <i>(FICE Code: 008510)</i>			Richland College <i>(FICE Code: 008504)</i>			
		El Centro College <i>(FICE Code: 004453)</i>						
EFFECTIVE DATE OF REVISION								
For Career/Technical Programs <i>(Mark "X" next to effective date. Select only one)</i>								
		01-01-2019 <i>(Spring Semester)</i>			01-01-2020 <i>(Spring Semester)</i>			
		09-01-2019 <i>(Fall Semester)</i>			09-01-2020 <i>(Fall Semester)</i>			
For Continuing Education Programs <i>(Mark "X" next to effective date. Select only one)</i>								
		03-01-2019 <i>(3rd Quarter)</i>			03-01-2020 <i>(3rd Quarter)</i>			
		06-01-2019 <i>(4th Quarter)</i>			06-01-2020 <i>(4th Quarter)</i>			
		09-01-2019 <i>(1st Quarter)</i>			09-01-2020 <i>(1st Quarter)</i>			
		12-01-2019 <i>(2nd Quarter)</i>			12-01-2020 <i>(2nd Quarter)</i>			
Is this program taught at a Correctional Facility (only for Career and Technical Programs)? <i>(Please submit Correctional Facility Programs separately.)</i>								
				NO	YES			
Award Type	Award Code	AWARD TITLE			CIP Code	Length (Sem/Qtr)	MAX CH	MAX CR HRS
	RV	Current:						
	RV	Proposed:						
	RV	Current:						
	RV	Proposed:						
Award Type:	AAS <i>(Degree 60 SCH--TSI REQUIRED)</i> C1 <i>(Level 1 Certificate 16-42 SCH) --DCCCD decision--TSI WAIVED)</i> ATC <i>(Advanced Technical Certificate 16-45 SCH--TSI REQUIRED)</i>			ESC <i>(Enhanced Skills Certificate 6-12 SCH--TSI REQUIRED)</i> C2 <i>(Level 2 Certificate 30-51 SCH--TSI REQUIRED)</i> CEU <i>(Continuing Education Program - 360-779 CH)</i>				
Action Code:	RV <i>(Revise)</i>							
NOTE: If the proposed max credit hours is different from the current max credit hours, the award will require THECB submission and approval.								
NOTE: If the proposed award title is different from the current award title, the award will require THECB submission and approval.								
OFFICE OF WORKFORCE EDUCATION AUTHORIZED SCHOOL OFFICIAL								
Official Signature							Date	
Joyce Williams Associate Vice Chancellor, Workforce and Community Initiatives (Authorized Official Name and Title)			214-378-1746 Telephone		214-378-1710 Fax		williamsjoyce@dcccd.edu E-mail	
For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail at tmoomaw@dcccd.edu .								

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

**CAREER/TECHNICAL DESCRIPTIVE PARAGRAPH FORM (CREDIT ONLY)
(REVISE OR CREATE AWARD DESCRIPTION)**

PROGRAM NAME: <i>(Enter the career and technical program title)</i>			
AWARD TITLE: <i>(Enter the award title)</i>			
EFFECTIVE DATE: <i>(Mark "X" next to effective date. Select only one)</i>			
<input type="checkbox"/>	01-01-2019 <i>(Spring Semester)</i>	<input type="checkbox"/>	01-01-2020 <i>(Spring Semester)</i>
<input type="checkbox"/>	09-01-2019 <i>(Fall Semester)</i>	<input type="checkbox"/>	09-01-2020 <i>(Fall Semester)</i>
INSTITUTION: <i>(Mark "X" next to specific institution. May choose more than one)</i>			
<input type="checkbox"/>	BHC	<input type="checkbox"/>	CVC
<input type="checkbox"/>		<input type="checkbox"/>	EFC
<input type="checkbox"/>		<input type="checkbox"/>	ECC
<input type="checkbox"/>		<input type="checkbox"/>	MVC
<input type="checkbox"/>		<input type="checkbox"/>	NLC
<input type="checkbox"/>		<input type="checkbox"/>	RLC
AWARD TYPE: <i>(Mark "X" next to award type. Choose only one)</i>			
<input type="checkbox"/>	AAS (60 SCH) <i>(Award is TSI Required)</i>	<input type="checkbox"/>	Skills Achievement Award (5-14 SCH) <i>(Award is TSI Waived)</i>
<input type="checkbox"/>	C1 - Certificate Level I (16-42 SCH) – DCCCD decision <i>(Award is TSI Waived)</i>	<input type="checkbox"/>	Enhanced Skills Certificate (6-12 SCH) <i>(Award is TSI Required)</i>
<input type="checkbox"/>	C2 - Certificate Level II (30-51 SCH) <i>(Award is TSI Required)</i>	<input type="checkbox"/>	Advanced Technical Certificate (16-45 SCH) <i>(Award is TSI Required)</i>
<input type="checkbox"/>	Occupational Skills Award (9-14 SCH) <i>(Award is TSI Waived)</i>	<input type="checkbox"/>	

DESCRIPTIVE PARAGRAPH:

(Provide the complete descriptive paragraph below as you would like it to appear in the web catalog)

<input type="checkbox"/>	NEW DESCRIPTIVE PARAGRAPH <i>(Select this option if this is a new descriptive paragraph)</i>	<input type="checkbox"/>	REVISED DESCRIPTIVE PARAGRAPH <i>(Select this option if this is a revised descriptive paragraph)</i>

For assistance, contact Teresa Moomaw at (214) 378-1783 or by e-mail tmoomaw@dcccd.edu.

CURRICULUM PATTERN TEMPLATE
USE THIS FORMAT TO DESIGN CAREER/TECHNICAL CURRICULUM

Institution:
CIP:

FICE:

PROPOSED CURRICULUM

(NAME OF PROGRAM)
(PROGRAM YEAR)

			<u>LEC.</u>	<u>LAB.</u>	<u>EXT.</u>	<u>CONT.</u>	<u>CR.</u>
			<u>HRS.</u>	<u>HRS.</u>	<u>HRS.</u>	<u>HRS.</u>	<u>HRS.</u>
<u>SEMESTER I</u>							
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
Total Hours:			XX	XX	XX	XX	XX
<u>SEMESTER II</u>							
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
Total Hours:			XX	XX	XX	XX	XX
<u>SEMESTER III</u>							
RUBRIC	NUMBER	COURSE TITLE					
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
Total Hours:			XX	XX	XX	XX	XX
GRAND TOTAL:						=====	XX

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

**NEW AWARD APPLICATION FORM (CREDIT OR CEU) TO ADD NEW AWARD
REQUIRES THECB SUBMISSION**

NOTE: New award feasibility information is required to be completed.

PROGRAM NAME: <i>(Enter program name below)</i>		PROGRAM CIP CODE: <i>(Enter program CIP code below)</i>	
INSTITUTION AND FICE CODE: <i>(Mark "X" next to specific institution(s). May choose more than one)</i>			
<input type="checkbox"/>	Brookhaven College <i>(FICE Code: 021002)</i>	<input type="checkbox"/>	Mountain View College <i>(FICE Code: 008503)</i>
<input type="checkbox"/>	Cedar Valley College <i>(FICE Code: 003561)</i>	<input type="checkbox"/>	North Lake College <i>(FICE Code: 020774)</i>
<input type="checkbox"/>	Eastfield College <i>(FICE Code: 008510)</i>	<input type="checkbox"/>	Richland College <i>(FICE Code: 008504)</i>
<input type="checkbox"/>	El Centro College <i>(FICE Code: 004453)</i>	<input type="checkbox"/>	
EFFECTIVE DATE:			
For Career/Technical Programs <i>(Mark "X" next to effective date. Select only one)</i>			
<input type="checkbox"/>	01-01-2019 <i>(Spring Semester)</i>	<input type="checkbox"/>	01-01-2020 <i>(Spring Semester)</i>
<input type="checkbox"/>	09-01-2019 <i>(Fall Semester)</i>	<input type="checkbox"/>	09-01-2020 <i>(Fall Semester)</i>
For Continuing Education Programs <i>(Mark "X" next to effective date. Select only one)</i>			
<input type="checkbox"/>	03-01-2019 <i>(3rd Quarter)</i>	<input type="checkbox"/>	03-01-2020 <i>(3rd Quarter)</i>
<input type="checkbox"/>	06-01-2019 <i>(4th Quarter)</i>	<input type="checkbox"/>	06-01-2020 <i>(4th Quarter)</i>
<input type="checkbox"/>	09-01-2019 <i>(1st Quarter)</i>	<input type="checkbox"/>	09-01-2020 <i>(1st Quarter)</i>
<input type="checkbox"/>	12-01-2019 <i>(2nd Quarter)</i>	<input type="checkbox"/>	12-01-2020 <i>(2nd Quarter)</i>

Award Code	Award Type	AWARD TITLE	CIP Code	Length (Sem/Qtr)	MAX CH	MAX CR HRS
A		Proposed:				
A		Proposed:				
A		Proposed:				
A		Proposed:				
Action Code:	A = Add new award					
Award Type:	AAS <i>(Degree 60 SCH--TSI REQUIRED)</i> C1 <i>(Level 1 Certificate 16-42 SCH) --DCCCD decision--TSI WAIVED)</i> ATC <i>(Advanced Technical Certificate 16-45 SCH--TSI REQUIRED)</i>		ESC <i>(Enhanced Skills Certificate 6-12 SCH--TSI REQUIRED)</i> C2 <i>(Level 2 Certificate 30-51 SCH--TSI REQUIRED)</i> CEU <i>(Continuing Education Program - 360-779 CH)</i>			

OFFICE OF WORKFORCE EDUCATION AUTHORIZED SCHOOL OFFICIAL

Official Signature			Date
Joyce Williams Associate Vice Chancellor, Workforce and Community Initiatives (Authorized Official Name and Title)	214-378-1746 Telephone	214-378-1710 Fax	williamsjoyce@dcccd.edu E-mail

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail at tmoomaw@dcccd.edu.

NEW AWARD FEASIBILITY CHECKLIST PROCEDURE

The purpose of this New Award Feasibility Checklist is to prevent unintentional replication of institutional awards (*certificates and degrees*) for existing programs and insure that proposed new awards can be sustained at requesting colleges. The procedure is not intended to usurp the role of faculty in the curriculum development process.

1. Before a career and technical curriculum committee can propose a new award for an existing program in a system college, appropriate labor market data must be compiled by each participating college using the New Award Feasibility Checklist. (*Links to several websites for securing this data are referenced on the checklist form.*)
2. After reviewing the Feasibility Checklist, each college will decide if it wishes to be considered for implementation of the new award. If so, appropriate signatures on the checklist will be required.
 - a. The Technical Curriculum Committee will review all feasibility checklists and discuss the feasibility of the proposed new award.
 - b. The Technical Curriculum Committee Chair will then submit a New Award Feasibility Checklist Summary as indicated in the Curriculum Revision Process Timeline.
3. All necessary documents required to complete the curriculum process will follow the remainder of the curriculum processes indicated in the *Curriculum Process Guide*.
4. The TechEd/CCE Councils will review each New Award Feasibility Checklist Summary and indicate concerns (*if any*) to the Technical Curriculum Committee Chair for further consideration.

The Technical Curriculum Committee Chair will address the concerns with the Technical Curriculum Committee and respond to the District Office Associate Vice Chancellor of Workforce and Community Initiatives.

PROPOSED EFFECTIVE DATE: *(choose only one)*

Spring	<input type="text"/>	<i>(indicate year)</i>
Summer	<input type="text"/>	<i>(indicate year)</i>
Fall	<input type="text"/>	<i>(indicate year)</i>

**NEW AWARD FEASIBILITY CHECKLIST
SUMMARY**

Award Title: _____

The _____ Technical Curriculum Committee has reviewed the attached New Award Feasibility Checklists for the award listed above, and submits the following colleges as those requesting this award:

BHC CVC ECC EFC MVC NLC

The Technical Curriculum Committee agrees that all colleges indicated above have adequate occupational need, employer support, training capacity, and administrative commitment to offer this award.

CTE Committee Chair Signature

Date

CAREER/TECHNICAL (CTE) CURRICULUM COMMITTEE SUMMATIVE REPORT (FOR CAREER/TECHNICAL AND CEU)

Effective Date of Revision/New Program: (Mark "X" next to effective date. Select only one)

SPRING (indicate year)

FALL (indicate year)

Committee/Program Name:			
Curriculum Committee Chair(s):		Phone Ext.:	
Date Curriculum Committee Met:			
Attendees:			
Absent:			
Recorder:			

MEETING MINUTES SUMMARY (provide brief summary)

Number of Committee Members Voted for Changes:		Number of Committee Members Against the Changes:	
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PROGRAM REVISION IMPACT

SECTION I: NOTE: Check either "YES" or "NO" to the following questions.

	YES	NO
Are other CTE awards being impacted by the proposed revision?	<input type="checkbox"/>	<input type="checkbox"/>
Does the CTE revision impact CTE Dual Credit?	<input type="checkbox"/>	<input type="checkbox"/>
Is the CTE revision adding a new rubric to the proposed revision? (A new rubric is one which currently does not exist in the colleague system).	<input type="checkbox"/>	<input type="checkbox"/>
Is there a change in credit hours in a certificate (if applicable)? Impacts Financial Aid.	<input type="checkbox"/>	<input type="checkbox"/>
Have courses been checked for prerequisites impact?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II: CTE AND CEU REVISIONS

- For a revision of an existing award, visit [CTE and CEU Awards](#) to obtain current curriculum.
- For a new award except adding an AAS degree, visit [CTE Forms](#) to obtain new award feasibility information.
- For a new course, new special topics course, or new local need course; visit [CTE Forms](#) to complete course description form and other required paperwork.
- For a new or revised descriptive paragraph for an award, visit [CTE Forms](#) to obtain form.

Name of Curriculum Committee Chairperson	Date
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By placing my name on this document and submitting it to the District Office of Workforce Education, I am confirming that the information provided accurately represents actions approved by a majority vote of the committee.

CAREER/TECHNICAL (CTE) COMMITTEE RECOMMENDATION FORM

INSTRUCTIONS: (Mark "X" in the boxes below which best describes the changes being made.)

	Adding new WECM course(s)		Revising Lec/Lab/Ext/CH Hours to WECM course(s)
	Revising WECM course title(s)		Revising CIP code (Approval Number)
	Deleting WECM course(s)		Revising WECM course description(s)
	Adding prerequisite to WECM course(s)		Adding WECM course description(s)
	Hard Code: Yes	<input type="checkbox"/>	Adding new descriptive paragraph for new award(s)
	Hard Code: No	<input type="checkbox"/>	Revising descriptive paragraph to existing award(s)
	Revising prerequisite to WECM course(s)		Adding new award to existing program
	Hard Code: Yes	<input type="checkbox"/>	Deleting prerequisite from WECM course(s)
	Hard Code: No	<input type="checkbox"/>	
	Other (Explain below)		

This page is to be used to provide to the Committee information regarding the institutional impact that the above curriculum changes may have on other instructional programs/awards, as well as, other departments. Please contact the following departments to see if above changes may have institutional impact:

	Academic Advising (College Location)		Online Catalog (B. Welcome)
	Financial Aid (College Location)		Degree Audit (N. Faris)
	Curriculum Management/Liberal Arts (M. Greer)		Workforce/CTE (J. Williams)
	Other (Explain below)		

DALLAS COUNTY COMMUNIT COLLEGE DISTRICT

CAREER/TECHNICAL COURSE DESCRIPTION FORM (CREDIT ONLY)

(More than one course description can be added to form)

PROGRAM NAME:			
EFFECTIVE DATE: <i>(Mark "X" next to effective date. Select only one)</i>			
	<input type="checkbox"/> 01-01-2019 <i>(Spring Semester)</i>		<input type="checkbox"/> 01-01-2020 <i>(Spring Semester)</i>
	<input type="checkbox"/> 09-01-2019 <i>(Fall Semester)</i>		<input type="checkbox"/> 09-01-2020 <i>(Fall Semester)</i>

FOLLOW FORMAT BELOW		
Rubric, Course#, Credit Hours: <i>(required)</i>	PSTR 1206 (2 Credit Hours)	<i>(Example Only)</i>
College Offering: <i>(required)</i>	Offered at ECC	<i>(Example Only)</i>
Course Title: <i>(required)</i>	Cake Decorating I	<i>(Example Only)</i>
Course Type: <i>(required)</i>	This is a WECM Course Number.	<i>(Example Only)</i>
Prerequisite Required: <i>(if applicable)</i>	PSTR 1301 with a "C" or better.	<i>(Example Only)</i>
Prerequisite Recommended: <i>(if applicable)</i>	N/A	<i>(Example Only)</i>
Course Description: <i>(required)</i> <i>(includes lecture, laboratory, and/or external components)</i>	Introduction to skills, concepts and techniques of cake decorating. (1 Lec., 3 Lab.)	<i>(Example Only)</i>

TYPE COURSE DESCRIPTION BELOW

For assistance, contact Teresa Moomaw at (214) 378-1783 or by e-mail tmoomaw@dcccd.edu.

LECTURE/LAB CHART

Lecture Hours		
Lecture Hours	Instructor Load (%)	Contact Hours
1	7%	16
2	13%	32
3	20%	48
4	27%	64
5	33%	80
6	40%	96
7	47%	112
8	53%	128
9	60%	144
10	67%	160
11	73%	176
12	80%	192
13	87%	208
14	93%	224
15	100%	240
16	107%	256
17	113%	272
18	120%	288
19	127%	304
20	133%	320

Lab/Clinical Hours		
Lab/Clinical Hours	Instructor Load (%)	Contact Hours
1	4%	16
2	9%	32
3	13%	48
4	18%	64
5	22%	80
6	27%	96
7	31%	112
8	36%	128
9	40%	144
10	44%	160
11	49%	176
12	53%	192
13	58%	208
14	62%	224
15	67%	240
16	71%	256
17	76%	272
18	80%	288
19	85%	304
20	89%	320

WECM LOCAL NEED COURSE FORM (FOR CREDIT OR CEU ONLY)

(Please provide this information for each topic presented in a local need course)

NOTE: Before submitting a local need course, be sure to check the WECM and Local Need inventory to determine if a course already exists which meets college requirements.

INSTITUTION AND FICE CODE: (Mark "X" next to specific institution. May choose more than one)											
		Brookhaven College (FICE Code: 021002)			Mountain View College (FICE Code: 008503)						
		Cedar Valley College (FICE Code: 003561)			North Lake College (FICE Code: 020774)						
		Eastfield College (FICE Code: 008510)			Richland College (FICE Code: 008504)						
		El Centro College (FICE Code: 004453)									
Rubric:		Number (XX7X):			7	Six-digit CIP:					
Course Title:											
Type of Instruction: (Choose only one)											
		Lec/Lab			Clinical		Coop		Internship	Practicum	
Justification for Local Need Course Required: Refer to GIPWE Ch. 4 for limitations. (Provide description in the box provided below)											
Actual Contact Hours Course will be Taught:											
Effective Date:											
For a Career/Technical Course: (Mark "X" next to effective date. Select only one)											
		01-01-2019 (Spring Semester)				01-01-2020 (Spring Semester)					
		09-01-2019 (Fall Semester)				09-01-2020 (Fall Semester)					
For a Continuing Education Course: (Mark "X" next to effective date. Select only one)											
		09-01-2019 (1 st QTR)		12-01-2019 (2 nd QTR)		03-01-2019 (3 rd QTR)		06-01-2019 (4 th QTR)			
		09-01-2020 (1 st QTR)		12-01-2020 (2 nd QTR)		03-01-2020 (3 rd QTR)		06-01-2020 (4 th QTR)			
Licensing agency or accrediting body: (if applicable)											
Course Level: (Choose only one)											
		Introductory				Intermediate			Advanced		
Course Description: This should be a brief statement that describes the overall goal(s), content, and major topics of the course. Generally, course descriptions should contain no more than 100 words, but no less than 25 words. Please do not use abbreviations.											
(PROVIDE COURSE DESCRIPTION BELOW)											
Learning Outcomes: Write one or more broad objectives in each of the two categories specified below, as applicable to this course. Please number each learning outcome. An action verb must be the first word in a learning outcome.											
Upon successful completion of the course, the student will:											
Lab Recommended:											
		YES		NO							
Suggested Prerequisite: (if any)											
CIP Descriptor:											
Joyce Williams Associate Vice Chancellor, Workforce and Community Initiatives Authorized Official Name and Title					214-378-1746 Telephone		214-378-1710 Fax		williamsjoyce@dcccd.edu E-mail		

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail at tmoomaw@dcccd.edu

WECM SPECIAL TOPICS COURSE FORM (FOR CREDIT OR CEU ONLY)

(Please provide this information for each topic presented in a Special Topics course)

NOTE: Before submitting a special topic course, be sure to check the WECM to determine if a general course already exists which meets college requirements.

INSTITUTION AND FICE CODE: (Mark "X" next to specific institution. May choose more than one)								
		Brookhaven College (FICE Code: 021002)				Mountain View College (FICE Code: 008503)		
		Cedar Valley College (FICE Code: 003561)				North Lake College (FICE Code: 020774)		
		Eastfield College (FICE Code: 008510)				Richland College (FICE Code: 008504)		
		El Centro College (FICE Code: 004453)						
Does A Mirror Course Already Exist? Select "No" or "Yes". Before you submit a special topic course, be sure to check the WECM to determine if a general course already exists which meets your requirements.							NO	YES
Rubric:		Number: (XX9X)		9		Six-digit CIP		
Local Course Title:								
Actual Contact Hours Course will be Taught:								
Effective Date:								
For a Career/Technical Course: (Mark "X" next to effective date. Select only one)								
		01-01-2019 (Spring Semester)				01-01-2020 (Spring Semester)		
		09-01-2019 (Fall Semester)				09-01-2020 (Fall Semester)		
For a Continuing Education Course: (Mark "X" next to effective date. Select only one)								
		09-01-2019 (1 st QTR)		12-01-2019 (2 nd QTR)		03-01-2019 (3 rd QTR)	06-01-2019 (4 th QTR)	
		09-01-2020 (1 st QTR)		12-01-2020 (2 nd QTR)		03-01-2020 (3 rd QTR)	06-01-2020 (4 th QTR)	
Course Level: (Choose only one)		Introductory		Intermediate		Advanced		
Course Description: This should be a brief statement that describes the overall goal(s), content, and major topics of the course. Generally, course descriptions should contain no more than 100 words, but no less than 25 words. Please do not use abbreviations. Topics address recently identified current events, skills, knowledge, and/or attitudes and behaviors pertinent to the technology or occupation and relevant to the professional development of the student.								
(PROVIDE COURSE DESCRIPTION BELOW)								
Learning Outcomes: Write one or more broad objectives in each of the two categories specified below, as applicable to this course. Please number each learning outcome. An action verb must be the first word in a learning outcome.								
Learning outcomes/objectives are determined by local occupational need and business and industry trends.								
1. Discipline-specific KNOWLEDGE in (theory and concepts; materials, tools, equipment, other resources, processes, procedures, regulations, laws, interactions within and among systems--political, economic, environmental, legal)								
2. Discipline-specific SKILLS in (technical competencies, tasks, capabilities; applied academic skills; technical communication--speaking, writing, and computation; information research and computer utilization)								
Upon successful completion of the course, the student will:								
Joyce Williams Associate Vice Chancellor, Workforce and Community Initiatives Authorized Official Name and Title				214-378-1746 Telephone	214-378-1710 Fax	williamsjoyce@dcccd.edu E-mail		

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail at tmoomaw@dcccd.edu

Mark "X" next to appropriate box (Select only one):

<input type="checkbox"/>	New/Add
<input type="checkbox"/>	Revise/Change
<input type="checkbox"/>	Reinstate

COLLEAGUE COURSE MASTER FORM (ADD/REVISE CREDIT COURSES ONLY)

(Please complete **ONE** form for each course to be added/revise/reinstated in colleague.)

Program(s): (List program(s) affected by this course)								
Depts: (Enter department code for each college approved to offer course)							Percent: 100.00 (default)	
Rubric: (Enter course rubric)								
Course Number: (Enter 4-digit course number)								
Effective Date: (Mark "X" next to beginning date of term/semester. Select only one)				Credit Type: (Mark "X" next to appropriate credit type)				
<input type="checkbox"/>	Spring 2019 - (12/05/18)		<input type="checkbox"/>	Spring 2020 - (12/11/19)		<input type="checkbox"/>	I – DCCCD College Level	
<input type="checkbox"/>	Summer 2019 - (05/01/19)		<input type="checkbox"/>	Summer 2020 - (05/06/20)		<input type="checkbox"/>	ID – DCCCD Developmental	
<input type="checkbox"/>	Fall 2019 - (08/02/19)		<input type="checkbox"/>	Fall 2020 - (08/07/20)		<input type="checkbox"/>		
Min/Max Credit Hours: (Enter the credit hours)		Course Levels: (Mark "X" next to appropriate course level)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Freshman 1	Sophomore 2	Third Year 3	Developmental D	ESOL Credit Only E		
Academic Level:		CR-Credit (default)		Grade Scheme:		CR-Credit (default)		
Short Title: (Please use one character per box and enter the appropriate course title below according to the <u>Workforce Education Course Manual</u> or <u>Lower Division Academic Course Guide Manual</u> if applicable or listed in one of these manuals). NOTE: Short title is limited to 29 characters (including spaces) in colleague. Title may vary at the SECTION level.								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Long Title: (Please enter the appropriate course title below according to the <u>Workforce Education Course Manual</u> or <u>Lower Division Academic Course Guide Manual</u> if applicable or listed in one of these manuals). NOTE: Long title must match the WECM course title.								
National ID: (Enter 6-digit CIP code)				Local ID: (Enter 10-digit CIP code)				
Course Types: (Mark "X" next to appropriate course type. Select only one)								
<input type="checkbox"/>	1 – General Academic (ACGM)		<input type="checkbox"/>	2 – Regular Technical (Local Need)		<input type="checkbox"/>	4 – Technical (WECM)	
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	Z – Credit (Not Funded)	
Replaced Course: (Enter appropriate course that is being replaced by the new course. Enter one prefix/course number per space. (Example: New Course – ENGL 1301; Replaced Course – ENG 101)								

If assistance is needed in completing this form for a **CAREER/TECHNICAL** course, contact Teresa Moomaw at 214-378-1783.

COLLEGE COURSE MASTER FORM (ADD/REVISE CREDIT COURSES ONLY) – PAGE 2

Subject: <i>(Enter course prefix/subject name)</i>					
Course Number: <i>(Enter 4-digit course number)</i>					
COURSE OFFERING INFORMATION <i>(Refer to the Lecture/Lab Grid for appropriate instructor load percentages and contact hours.)</i>					
Instructor Method <i>(Mark "X" next to appropriate method)</i>		Contact Hrs. per Week	Instructor Load (%)	Contact Hours	Contact Measure <i>(Office Use Only)</i>
<input type="checkbox"/>	LEC Lecture				T - Term
<input type="checkbox"/>	LAB Laboratory				T - Term
<input type="checkbox"/>	COOP Cooperative Work Experience				T - Term
<input type="checkbox"/>	CLIN Clinical				T - Term
<input type="checkbox"/>	PRAC Practicum				T - Term
<input type="checkbox"/>	INT Internship				T - Term
<input type="checkbox"/>	PRVT Private Instruction				T - Term
TOTAL CONTACT HOURS: <i>(Enter total contact hours for course)</i>					
Min/Max Contact Hours: <i>(Enter minimum and maximum contact hours for course as noted in the WECM manual or ACGM manual)</i>				Minimum	Maximum
COURSE BILLING INFORMATION					
Billing Method <i>(default)</i> <i>(Office Use Only)</i>	Billing Period Type <i>(default)</i> <i>(Office Use Only)</i>	Periodic Billing <i>(default)</i> <i>(Office Use Only)</i>	Credit Hours <i>(Office Use Only)</i>		
T - From Table	T - Term	No			
Other Charges (Laboratory Fees) <i>(Office Use Only)</i>					
AR CODE	Amount <i>(Enter the lab fee amount)</i>	CR	CALC TYPE <i>(default)</i>		
LABFE <i>(not to exceed \$24)</i>	FEE NO LONGER APPLICABLE		FIXED		
SPCFE <i>(difference over \$24)</i>	FEE NO LONGER APPLICABLE		FIXED		
Curriculum Committee Representative Response(s): <i>(Please attach a response of approval or disapproval of changes from each college representative; Curriculum Committee Minutes of the meeting that contain committee responses, votes, etc. are acceptable).</i>					
Curriculum Chair Signature		College	Date		
Campus VPI of Curriculum Chair Signature		College	Date		

If assistance is needed in completing this form for a **CAREER/TECHNICAL** course, contact Teresa Moomaw at 214-378-1783.

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

**COLLEAGUE COURSE MASTER FORM
(EXPIRE WECM CREDIT COURSES ONLY)
(Use this form if course is expiring/archiving in WECM)**

Program Name: <i>(Enter program name as shown in web catalog)</i>		
Course Rubric/Course Number: <i>(Enter course rubric and course number. May list more than one course. Example: ITSC 1401)</i>		
Expiration date: <i>(Mark "X" next to expired date of course. Expired date must be the same as WECM expired date).</i>		
	Spring 2019 – (12/31/18)	Spring 2020 – (12/31/19)
	Summer 2019 – (05/31/19)	Summer 2020 – (05/31/20)
	Fall 2019 – (08/31/19)	Fall 2020 – (08/31/20)
Curriculum Committee Representative Response(s): <i>(Attach a response of approval or disapproval of changes from each college representative. Curriculum Committee Minutes of the meeting that contain committee responses, votes, etc. are acceptable)</i>		
Curriculum Chair Signature	College	Date
Campus VPI of Curriculum Chair Signature	College	Date

OFFICE OF WORKFORCE EDUCATION USE ONLY

No longer offered in WECM/End in Colleague Course Master. Remove course description from web catalog course description database.	
Course expired in Colleague on:	
Other pertinent information:	

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail tmoomaw@dcccd.edu

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

**COLLEAGUE COURSE MASTER FORM
(REMOVE WECM CREDIT COURSES FROM CAREER/TECHNICAL AWARD/PROGRAM)**

(Use this form if a course is being removed from an award/program)

Even though a course is being removed from an award/program, the course will continue to remain active in colleague until WECM expires/archives the course or *unless otherwise noted below.

Program Name: <i>(Enter program name as shown in the web catalog)</i>		
Course Rubric/Course Number: <i>(Enter course rubric and course number. May list more than one course)</i>		
Ending date: <i>(Mark "X" next to ending date of course/courses)</i>		
<input type="checkbox"/>	Spring 2019 - (12/31/18)	<input type="checkbox"/>
<input type="checkbox"/>	Summer 2019 - (05/31/19)	<input type="checkbox"/>
<input type="checkbox"/>	Fall 2019 - (08/31/19)	<input type="checkbox"/>
<input type="checkbox"/>	Spring 2020 - (12/31/19)	<input type="checkbox"/>
<input type="checkbox"/>	Summer 2020 - (05/31/20)	<input type="checkbox"/>
<input type="checkbox"/>	Fall 2020 - (08/31/20)	<input type="checkbox"/>
Curriculum Committee Representative Response(s): <i>(Attach a response of approval or disapproval of changes from each college representative. Curriculum Committee Minutes of the meeting that contain committee responses, votes, etc. are acceptable).</i>		
Curriculum Chair Signature		College
		Date
Campus VPI of Curriculum Chair Signature		College
		Date

OFFICE OF WORKFORCE EDUCATION USE ONLY							
Remove course description from course description database from both District and College Catalog(s) for:							
	BHC	CVC	EFC	ECC	MVC	NLC	RLC
Course still active in WECM/Leave in Colleague Course Master							
Course still being used at:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Other pertinent information:							

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail tmoomaw@dcccd.edu