

Curriculum Coordination Cover Sheet

College: _____

Contact Information

Name _____

Date to Department Chair: _____

College _____

Date to College Dean: _____

Email _____

Date to College Curriculum Committee: _____

Phone _____

Date to District Curriculum Committee: _____

Initiating College: NLC NVC PAC SAC SPC

Affected College(s): NLC NVC PAC SAC SPC

(use bold and highlight to identify the college)

Course/Program: _____

CIP: _____

Effective Date: _____

or Archival Date: _____

(attach advisory committee minutes)

Discipline Team: _____

Date: _____

(attach evidence of consensus for items affecting multiple colleges)

One copy to each affected college: NLC NVC PAC SAC SPC

Chairperson: _____

Date: _____

Curriculum Analyst: _____

Date: _____

Dean: _____

Date: _____

College Curriculum Committee: _____

Date: _____

VPAA: _____

Date: _____

All copies go to DCC

Received from: NLC NVC PAC SAC SPC

Date: _____ Date: _____ Date: _____ Date: _____ Date: _____

District Curriculum Committee: _____

Date: _____

College forwarded to the THECB _____

For Office Use – Records and Registration

Degree Audit: _____ E-Catalog Changes: _____ Course Inventory: _____ VA Office: _____