

Lake-Sumter State College  
Curriculum & Instruction Committee  
**CREDIT COURSE ADDITION (Form CCA)**

CC No. \_\_\_\_\_

**ALL AREAS MUST BE COMPLETED FOR DATA ENTRY TO AVOID PROPOSAL BEING RETURNED**

Course Prefix/#requested \_\_\_\_\_ Title \_\_\_\_\_

Course developed by: \_\_\_\_\_ Instructional Discipline: \_\_\_\_\_

Academic Department: \_\_\_\_\_

Type of Credit/Grading Mode: \_\_\_\_\_

Level of Instruction: \_\_\_\_\_

Total Credit Hrs: \_\_\_\_\_ Lecture Hrs./Week < \_\_\_\_\_ Lab Hrs./Week < \_\_\_\_\_ Contact Hrs. \_\_\_\_\_  
(total credit hours x 15)

Gen. Ed. Requirement: Must check:    Y    N    If yes, Area: \_\_\_\_\_

Gordon Rule Course: Writing:    Y    N    Math:    Y    N

Degree Type:    AA    AS    AAS    TC    Baccalaureate  
(Select all that apply)

Lab/Supply Fee:    Y    N    Amount \$ \_\_\_\_\_ (must be \$10.00 or more)

Org. Account Number: \_\_\_\_\_

6 digit CIP Code \_\_\_\_\_ CIP Title \_\_\_\_\_

Repeatable Earned Credit Hours    Y    N    If yes, maximum credit hours toward graduation: \_\_\_\_\_

Course Materials Required For Purchase: Y \_\_\_\_\_ N \_\_\_\_\_    If Yes, complete the following:

Author \_\_\_\_\_

Title: \_\_\_\_\_

Edition: \_\_\_\_\_ ISBN # \_\_\_\_\_ Publisher \_\_\_\_\_

If no course materials are required for purchase, please select one of the following:

No materials needed for this course.

Open source materials will be used in this course.

Implementation (*Complete one*): Fall 20\_\_\_\_\_ or Spring 20\_\_\_\_\_

This course will be offered fully online during the first semester: Y\_\_\_ N\_\_\_

Satisfies Codes (*check all that apply – Refer to Catalog Course Description Form for explanations*)

\_\_\_ GENE \_\_\_ COMM \_\_\_ CULD \_\_\_ GRW \_\_\_ GRMT \_\_\_ HUMN \_\_\_ SBEH \_\_\_ NATS

*Prerequisite(s)* (*Copy wording from Catalog Course Description Form*):

*Co-requisite(s)* (*Copy wording from Catalog Course Description Form*):

**The following items must be attached on separate pages with this proposal form:**

- 1. Catalog Course Description Form**
- 2. A complete syllabus (following the format found in the Faculty Handbook).**
- 3. Lab or Other Fee Approval Form (if YES on Page 1)**

Originator: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name

**The Dean/Associate Dean's signature indicates that notice of this recommendation has been sent to all full time faculty member(s) in that discipline.**

Dean/Associate Dean: \_\_\_\_\_

Academic Affairs Administrator: \_\_\_\_\_

**The following signature indicates approval and recommendation by the Curriculum & Instruction Committee to the Vice President and President:**

Committee Chair: \_\_\_\_\_