

BOROUGH OF MANHATTAN COMMUNITY COLLEGE
The City University of New York

Curriculum Proposal

NEW CURRICULUM

Attach a copy of the new curriculum to this sheet as well as any new course or course revisions required as part of this new curriculum.

1. Name of Department: _____
2. Name of new curriculum: _____
3. Degree to be granted: _____
4. Estimated enrollment in curriculum (number of students estimated to begin this curriculum per academic year): _____
5. Will this curriculum require special materials, equipment or space?
_____ Yes _____ No If yes, attach an explanation.
6. Are any old curricula being dropped? _____ Yes _____ No. If yes, please list.
7. Date effective: _____

Signatures

- | | | |
|----|---|-------|
| 1. | _____ | _____ |
| | Department Chairperson or Program Director | Date |
| 2. | _____ | _____ |
| | Scheduling Officer (Advised as to Course Code) | Date |
| 3. | _____ | _____ |
| | Academic Affairs Administrator (Advised as to format) | Date |
| 4. | _____ | _____ |
| | Chairperson of Curriculum Committee | Date |