

**KINGSBOROUGH COMMUNITY COLLEGE**  
**The City University of New York**

**CURRICULUM TRANSMITTAL COVER PAGE**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Title Of Course/Degree/Concentration/Certificate: \_\_\_\_\_

**Change(s) Initiated: (Please check)**

- |   |  |
|---|--|
| <input type="checkbox"/> Closing of Degree            | <input type="checkbox"/> Change in Degree or Certificate                               |
| <input type="checkbox"/> Closing of Certificate       | <input type="checkbox"/> Change in Degree: Adding Concentration                        |
| <input type="checkbox"/> New Certificate Proposal     | <input type="checkbox"/> Change in Degree: Deleting Concentration                      |
| <input type="checkbox"/> New Degree Proposal          | <input type="checkbox"/> Change in Prerequisite, Corequisite, and/or Pre-/Co-requisite |
| <input type="checkbox"/> New Course                   | <input type="checkbox"/> Change in Course Designation                                  |
| <input type="checkbox"/> New 82 Course (Pilot Course) | <input type="checkbox"/> Change in Course Description                                  |
| <input type="checkbox"/> Deletion of Course(s)        | <input type="checkbox"/> Change in Course Title, Number, Credits and/or Hours          |
|   | <input type="checkbox"/> Change in Academic Policy                                     |
|   | <input type="checkbox"/> Pathways Submission:  |
|   | <input type="checkbox"/> Life and Physical Science                                     |
|   | <input type="checkbox"/> Math and Quantitative Reasoning                               |
|   | <input type="checkbox"/> A. World Cultures and Global Issues                           |
|   | <input type="checkbox"/> B. U.S. Experience in its Diversity                           |
|   | <input type="checkbox"/> C. Creative Expression  |
|   | <input type="checkbox"/> D. Individual and Society                                     |
|   | <input type="checkbox"/> E. Scientific World   |
- Change in Program Learning Outcomes
- Other (please describe): \_\_\_\_\_

**PLEASE ATTACH MATERIAL TO ILLUSTRATE AND EXPLAIN ALL CHANGES**

**DEPARTMENTAL ACTION**

Action by Department and/or Departmental Committee, if required:

Date Approved: \_\_\_\_\_ Signature, Committee Chairperson: Rina Garmish

If submitted Curriculum Action affects another Department, signature of the affected Department(s) is required:

Date Approved: \_\_\_\_\_ Signature, Department Chairperson: John Mikalopas

Date Approved: \_\_\_\_\_ Signature, Department Chairperson: Mary Dawson

Date Approved: \_\_\_\_\_ Signature, Department Chairperson: Richard Fruscione

Date Approved: \_\_\_\_\_ Signature, Department Chairperson: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Signature, Department Chairperson: \_\_\_\_\_

I have reviewed the attached material/proposal

Signature, Department Chairperson: Rina Garmish