**DRAFT Pathways Course Proposal Review Sheet**

**Course Logistics**

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| --- | --- |
| Course Designator and Number:  |  |
| Course Title: |  |
| Department(s) Proposing Course: |  |
| Faculty Contact (name, email, phone):  |  |
| Date Proposed:  |  |
| Effective Date:  |  |
| Core Concept(s):  |  |
| Integrative Concept(s): |  |
| Corresponding CLE area(s):  |  |

**Circle or X appropriate label**

New Course: \_\_\_\_ Existing CLE <20% revision: \_\_\_\_ Existing CLE>20% revision: \_\_\_\_

**UCC Criteria**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Notes** |
| Is the course description accurate? |  |  |  |
| Are course learning outcomes/objectives appropriate for level of course (e.g. 1000, 2000)? |  |  |  |
| Is the justification sufficient? |  |  |  |
| Do course description, learning outcomes, and syllabus align? |  |  |  |
| Are the prerequisites listed and appropriate? |  |  |  |
| Are the letters attached? |  |  |  |

**UCCGE Criteria**

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| **General Mission/Purpose** |
| I**s sufficient evidence provided that the course will offer opportunities for students to meet the following?** | **Yes** | **No** | **Notes** |
| Pathways mission |  |  |  |
| Pathways Principle of Inclusivity |  |  |  |
| Pathways Principle of Integration |  |  |  |
| Pathways Principle of Relevance |  |  |  |

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| **Core Concept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Student Learning Outcome: Is sufficient evidence provided that the course will offer opportunities for students to meet the outcome?** | **Yes**  | **No** | **Notes (if indicator is not chosen by proposer, put N/A here)** |
| Student Learning Outcome #1 |  |  |  |
| Student Learning Outcome #2 |  |  |  |
| Student Learning Outcome #3 |  |  |  |
| Student Learning Outcome #4  |  |  |  |
| Student Learning Outcome #5  |  |  |  |
| Student Learning Outcome #6  |  |  |  |

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| **Integrative Concept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Student Learning Outcome: Is sufficient evidence provided that the course will offer opportunities for students to meet the indicator?** | **Yes**  | **No** | **Notes (if indicator is not chosen by proposer, put N/A here)** |
| Student Learning Outcome #1  |  |  |  |
| Student Learning Outcome #2  |  |  |  |
| Student Learning Outcome #3  |  |  |  |

*Repeat if more than one core concept or integrative concept identified…*

Additional Comments:

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