

Western Nevada College
Articulation Form

Date: _____ Semester for action to occur: _____

Check one:

New Course Change to Existing Course Deactivate Course Reactivate Course

Course Prefix & Number: _____ Credits: _____

Division: _____

If deactivating a course, STOP. The form is complete and ready for signatures and submission.

If change to existing WNC course, list change(s) requested:

If new course, fill out all sections on the remainder of this form.

Title: _____ Prerequisite(s): _____

If credits can be repeated towards a degree/certificate, maximum number of credits: _____

Letter Grade Pass/Fail If cross-listed with another course, list other course: _____

If course should be excluded from the WNC catalog indicate why:

For new courses:

- a) It is strongly advised that you speak with or email your campus librarian so materials to support the course may be purchased.
- b) A course outline must be attached including at least one institutional learning outcome (see WNC outline template for required information).

Individual Submitting Form

Date

Signing this document as Division Director confirms that all faculty who teach in this discipline or whose program will be affected by this course have been consulted and a consensus approves of this proposal.

Division Director

Date

Vice President of Academic & Student Affairs

Date

Articulation/Curriculum Chair

Date

Entered by _____ Date Entered _____