

# INSTRUCTIONS FOR COLLEAGUE COURSE MASTER FORM (ADD/REVISE CREDIT COURSES ONLY)

*(Please complete one form for each course to be added/revised/reinstated in the DCCCD course master)*

- Program(s):** Please list the career and technical program(s) and/or academic discipline area affected by this course.
- Departments:** Please enter the appropriate department code for each college approved to offer this course. *Please refer to the list of department codes for each college)*
- Percent:** 100.00 *(This field defaults to 100 percent; no input required).*
- Subject:** Please enter the course prefix/subject name.
- Course Number:** Please enter the 4-digit course number.
- Effective date:** Please select one of the following and place an "X" in the appropriate begin date (beginning term/semester).
- Credit Type:** Please select one of the following and place an "X" in the appropriate credit type:  
**I = DCCCD College Level**  
**ID = DCCCD Developmental**
- Min/Max Credit Hours:** Please enter the number of credit hours for the course.
- Course Levels:** Please select one of the following and place an "X" in the appropriate course level:  
1 = Freshman 2 = Sophomore 3 = Third Year D = Developmental E = ESOL Credit only
- Academic Level:** CR-Credit *(This field defaults to CR - Credit; no input required)*
- Grade Scheme:** CR - Credit *(This field defaults to CR - Credit; no input required)*
- Short Title:** **Short Title:** *(Please use one character per box and enter the appropriate course title according to the Workforce Education Course Manual or Lower Division Academic Course Guide Manual if applicable or listed in one of these manuals.)*
- Long Title:** Please enter the appropriate course title according to the Workforce Education Course Manual (WECM) or Lower Division Academic Course Guide Manual (LDACGM) if applicable or listed in one of these manuals.  
**Note: Title for technical courses must match the WECM. Title for academic/liberal arts courses must match the ACGM.**
- National ID:** Please enter the 6-digit cip code for **Career and Technical** courses. *(This is the approval code.)* Please enter the 10-digit cip code for **Academic** courses. *(This is the approval code.)*
- Local ID:** Please enter the 10-digit cip code for the course. *(This is the approval code; may need to add four additional zeros to the end of the approval code.)*
- Course Types:** Please select one of the following and place an "X" in the appropriate course type.  
**1 = General Academic (ACGM)                      2 = Regular Technical (Local Need)**  
**4 = Technical (WECM)                              Z = Credit (Not Funded)**
- Replaced Course:** Please enter the appropriate course that will be replaced by the new course. These are old or previously taught prefix/course numbers that may be replaced with new courses.  
**YOU MAY ENTER UP TO SIX COURSES.** Enter one prefix/course number per space.  
**(Example: new course – ENGL 1301; Replaced Course – ENG 101)**
- Status:** A - Active *(This field defaults to A - Active; no input required.)*
- Status Date:** Date entered on the Colleague Course Master - **(OFFICE USE ONLY; no input required)**
- Approval Date:** Date entered on the Colleague Course Master - **(OFFICE USE ONLY; no input required)**

## COURSE OFFERING INFORMATION

Please refer to the Lecture/Lab Grid for the appropriate instructor load percentages and contact hours.

**Instructor Method:** Please place an "X" in the appropriate method(s):  
 LEC (Lecture)  PRAC (Practicum)  
 LAB (Laboratory)  INT (Internship)  
 COOP (Cooperative Work Experience)  PRVT (Private Instruction)  
 CLIN (Clinical)

**Contact Hours per week:** Please enter the number of contact hours per week for the course.

**Instructor Load (%):** Please enter the instructor load percentage for each instructor method selected for the course.

**Contact Hours:** Please enter the contact hours for each instructor method selected for the course.

**Total Contact Hours:** Please enter the total contact hours for the course.

**Min/Max Contact Hours:** Please enter the minimum contact hours and maximum contact hours for the course. **WECM courses must reflect the minimum and maximum contact hour range as shown in the WECM manual. Academic courses must reflect the total contact hours in the minimum and maximum field for the course since there is no minimum and maximum contact hour range designated for academic courses.**

**Course Billing Info:** **Billing Method** (This field defaults to T - From Table; no input required.)  
**Billing Period Type** (This field defaults to T - Term; no input required.)  
**Periodic Billing** (This field defaults to No; no input required)  
**Billing Credits** - No input or actions required in this field; For Curriculum Management or Workforce Education Use Only

### OTHER CHARGES (LABORATORY FEES)

Laboratory fees and special fees are no longer applicable for credit courses; no input or action required in this field.

### DISCIPLINE COMMITTEE REPRESENTATIVE RESPONSE(s):

Please attach a response of approval or disapproval of changes from each college representative; Discipline Committee Minutes of the meeting that contains committee responses, votes, etc. are acceptable.

### Discipline Chair Signature and Campus VPI if Discipline Chair Signature

The form must include the appropriate signatures of the Chair of the Discipline Committee and the Campus VPI of the Discipline Chair.

If assistance is needed with completing this form for an **ACADEMIC** course, please contact Lee Bell at 214-378-1718.

Please select the appropriate box, if applicable:

- New/Add  
 Revised/Change  
 Reinstated

COLLEAGUE COURSE MASTER FORM (ADD/REVISE CREDIT COURSES ONLY)											
<i>(Please complete one form for each course to be added to the DCCCD course master.)</i>											
<b>Program(s):</b> <i>(Please list the program(s) affected by this course.)</i>											
<b>Dept.(s):</b> <i>(Please enter the department code for each college approved to offer this course)</i>							<b>Percent:</b>	100.00 <i>(default)</i>			
<b>Subject:</b> <i>(Please enter the course prefix/subject name.)</i>											
<b>Course Number:</b> <i>(Please enter 4 digit course numbers.)</i>											
<b>Effective date:</b> <i>(Please place an "X" beside the beginning date.)</i>					<b>Credit Type:</b> <i>(Please place an "X" in the appropriate credit type.)</i>						
Spring 2017 – (12/07/16)					I – DCCCD College Level						
Summer 2017 – (05/03/17)					ID – DCCCD Developmental						
Fall 2017 – (08/04/17)											
Spring 2018 – (12/07/17)											
<b>Min/Max Credit hours:</b> <i>(Please enter the credit hours.)</i>			<b>Course Levels:</b> <i>(Please place an "X" in the appropriate course level.)</i>								
			Freshman 1	Sophomore 2	Third Year 3	Developmental D	ESOL Credit only E				
<b>Academic Level:</b>			CR-Credit <i>(default)</i>			<b>Grade Scheme:</b>			CR-Credit <i>(default)</i>		
<b>Short Title:</b> <i>(Please use one character per box and enter the appropriate course title below according to the Workforce Education Course Manual or Lower Division Academic Course Guide Manual if applicable or listed in one of these manuals.) Note: Short Title is limited to 29 characters (including spaces) in colleague. Title may vary at the SECTION level.</i>											
<b>Long Title:</b> <i>(Please enter the appropriate course title below according to the Workforce Education Course Manual or Lower Division Academic Course Guide Manual if applicable or listed in one of these manuals.) Note: Title must match the WECM or ACGM manual.</i>											
<b>National ID:</b> <i>(Please enter the 6 digit cip code for technical [WECM] courses.) (Please enter the 10 digit cip code for General Academic [ACGM] courses.)</i>					<b>Local ID:</b> <i>(Please enter the 10 digit cip code for the course.)</i>						
<b>Course Types:</b> <i>(Please place an "X" in the appropriate course type.)</i>											
1 – General Academic (ACGM)			2 – Regular Technical (Local Need)			4 – Technical (WECM)		Z – Credit (Not Funded)			
<b>Replaced Course:</b> <i>(Please enter the appropriate course that is being replaced by the new course. Enter one prefix/course number per space. (Example: New Course – ENGL 1301; Replaced Course – ENG 101).)</i>											
<b>Status:</b>		A Active <i>(default)</i>	<b>Status Date:</b> <i>(date entered on course master)</i>					<b>Approval Date:</b>			

COLLEAGUE COURSE MASTER FORM (ADD/REVISE CREDIT COURSES ONLY)						
<b>Subject:</b> <i>(Please enter the course prefix/subject name.)</i>						
<b>Course Number:</b> <i>(Please enter 4 digit course numbers.)</i>						
COURSE OFFERING INFORMATION						
<i>(Please refer to the Lecture/Lab Grid for the appropriate instructor load percentages and contact hours.)</i>						
Instructor Method <i>Please place an "X" in the appropriate method(s)</i>			Contact Hrs. per Week	Instructor Load (%)	Contact Hours	Contact Measure
	LEC	Lecture				T Term
	LAB	Laboratory				T Term
	COOP	Cooperative Work Experience				T Term
	CLIN	Clinical				T Term
	PRAC	Practicum				T Term
	INT	Internship				T Term
	PRVT	Private Instruction				T Term
<b>TOTAL CONTACT HOURS:</b> <i>(Please enter the total contact hours for course.)</i>						
<b>Min/Max Contact Hours:</b> <i>(Please enter the minimum contact hours and maximum contact hours for the course per the WECM manual or the LDACGM manual if applicable.)</i>				Minimum		Maximum
COURSE BILLING INFORMATION						
Billing Method <i>(default)</i>		Billing Period Type <i>(default)</i>		Periodic Billing <i>(default)</i>	Credit Hours <i>(Curriculum Management or Workforce Education use only)</i>	
T From Table		T Term		No		
Other Charges (Laboratory Fees)						
AR CODE		Amount <i>(Please enter the lab fee amount.)</i>			CR	CALC TYPE <i>(default)</i>
LABFE <i>(not to exceed \$24)</i>		FEE NO LONGER APPLICABLE				FIXED
SPCFE <i>(difference over \$24)</i>		FEE NO LONGER APPLICABLE				FIXED
<b>Discipline Committee Representative Response(s):</b> <i>(Please attach a response of approval or disapproval of changes from each college representative; Discipline Committee Minutes of the meeting that contain committee responses, votes, etc. are acceptable.)</i>						
Discipline Chair Signature			College		Date	
Campus VPI of Discipline Chair Signature			College		Date	

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