

**INSTITUTIONAL AWARD  
INFORMATION**

**(OCCUPATIONAL SKILLS AWARD  
AND  
SKILLS ACHIEVEMENT AWARD)**

# DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

## INSTITUTIONAL OCCUPATIONAL SKILLS AWARD APPLICATION FOR APPROVAL OF NEW OCCUPATIONAL SKILLS AWARD

|   |  |   |                                  |  |  |                   |  |
|---|--|---|----------------------------------|--|--|-------------------|--|
| <b>PROGRAM NAME:</b> <i>(Enter the program title below)</i>   |  |   |                                  | <b>PROGRAM CIP CODE:</b> <i>(Enter program CIP code below)</i> |  |                   |  |
|   |  |   |                                  |  |  |                   |  |
| <b>INSTITUTION AND FICE CODE:</b> <i>(Mark "X" next to specific institution(s). May choose more than one)</i>                   |  |   |                                  |  |  |                   |  |
|   |  | Brookhaven College <i>(FICE Code: 021002)</i>   |                                  |  | Mountain View College <i>(FICE Code: 008503)</i> |                   |  |
|   |  | Cedar Valley College <i>(FICE Code: 003561)</i> |                                  |  | North Lake College <i>(FICE Code: 020774)</i>    |                   |  |
|   |  | Eastfield College <i>(FICE Code: 008510)</i>    |                                  |  | Richland College <i>(FICE Code: 008504)</i>      |                   |  |
|   |  | El Centro College <i>(FICE Code: 004453)</i>    |                                  |  |  |                   |  |
| <b>EFFECTIVE DATE OF REVISION</b>   |  |   |                                  |  |  |                   |  |
| <i>For Career/Technical Programs (Mark "X" next to effective date. Select only one)</i>   |  |   |                                  |  |  |                   |  |
|   |  | 01-01-2019 <i>(Spring Semester)</i>             |                                  |  | 01-01-2020 <i>(Spring Semester)</i>              |                   |  |
|   |  | 09-01-2019 <i>(Fall Semester)</i>               |                                  |  | 09-01-2020 <i>(Fall Semester)</i>                |                   |  |
| <i>For Continuing Education Programs (Mark "X" next to effective date. Select only one)</i>                                     |  |   |                                  |  |  |                   |  |
|   |  | 03-01-2019 <i>(3<sup>RD</sup> Quarter)</i>      |                                  |  | 03-01-2020 <i>(3<sup>RD</sup> Quarter)</i>       |                   |  |
|   |  | 06-01-2019 <i>(4<sup>th</sup> Quarter)</i>      |                                  |  | 06-01-2020 <i>(4<sup>th</sup> Quarter)</i>       |                   |  |
|   |  | 09-01-2019 <i>(1<sup>st</sup> Quarter)</i>      |                                  |  | 09-01-2020 <i>(1<sup>st</sup> Quarter)</i>       |                   |  |
|   |  | 12-01-2019 <i>(2<sup>nd</sup> Quarter)</i>      |                                  |  | 12-01-2020 <i>(2<sup>nd</sup> Quarter)</i>       |                   |  |
| <b>Action Code</b>  | <b>Award Type</b>  | <b>AWARD TITLE</b>                              | <b>CIP Code</b>                  | <b>Length (Sem/Qtr)</b>  | <b>MAX CH</b>                                    | <b>MAX CR HRS</b> |  |
| A   | OSA  |   |                                  |  |  |                   |  |
| A   | OSA  |   |                                  |  |  |                   |  |
| A   | OSA  |   |                                  |  |  |                   |  |
| A   | OSA  |   |                                  |  |  |                   |  |
| <b>Action Code:</b>   | A = Add Award  |   |                                  |  |  |                   |  |
| <b>Award Type:</b>  | OSA <i>(Occupational Skills Award 9-14 SCH or 144-359 CEU contact hours)</i> <b>TSI WAIVED</b> |   |                                  |  |  |                   |  |
| <b>OFFICE OF WORKFORCE EDUCATION AUTHORIZED SCHOOL OFFICIAL</b>   |  |   |                                  |  |  |                   |  |
| <b>Official Signature</b>   |  |   |                                  |  | <b>Date</b>                                      |                   |  |
| Joyce Williams<br>Associate Vice Chancellor, Workforce and Community Initiatives<br><b>(Authorized Official Name and Title)</b> |  |   | 214-378-1746<br><b>Telephone</b> | 214-378-1710<br><b>Fax</b>                                     | williamsjoyce@dcccd.edu<br><b>E-mail</b>         |                   |  |

For assistance, contact Teresa Moomaw at (214) 378-1783 or by e-mail at [tmoomaw@dcccd.edu](mailto:tmoomaw@dcccd.edu).

**DALLAS COUNTY COMMUNITY COLLEGE DISTRICT**

**CAREER/TECHNICAL DESCRIPTIVE PARAGRAPH FORM (CREDIT ONLY)  
(REVISE OR CREATE AWARD DESCRIPTION)**

|  |  |  |                          |
|--|--|--|--------------------------|
| <b>PROGRAM NAME:</b> <i>(Enter the career and technical program title)</i>                   |  |  |                          |
| <b>AWARD TITLE:</b> <i>(Enter the award title)</i>   |  |  |                          |
| <b>EFFECTIVE DATE:</b> <i>(Mark "X" next to effective date. Select only one)</i>             |  |  |                          |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <b>01-01-2019</b> <i>(Spring Semester)</i> | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <b>09-01-2019</b> <i>(Fall Semester)</i>   | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <b>01-01-2020</b> <i>(Spring Semester)</i> | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <b>09-01-2020</b> <i>(Fall Semester)</i>   | <input type="checkbox"/> |
| <b>INSTITUTION:</b> <i>(Mark "X" next to specific institution. May choose more than one)</i> |  |  |                          |
| <input type="checkbox"/>   | <b>BHC</b>   | <input type="checkbox"/>                   | <b>CVC</b>               |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                   | <b>EFC</b>               |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                   | <b>ECC</b>               |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                   | <b>MVC</b>               |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                   | <b>NLC</b>               |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                   | <b>RLC</b>               |
| <b>AWARD TYPE:</b> <i>(Mark "X" next to award type. Choose only one)</i>                     |  |  |                          |
| <input type="checkbox"/>   | <b>AAS (60 SCH)</b><br><i>(Award is TSI Required)</i>  |  | <input type="checkbox"/> |
| <input type="checkbox"/>   | <b>C1 - Certificate Level I (16-42 SCH) – DCCCD decision</b><br><i>(Award is TSI Waived)</i> |  | <input type="checkbox"/> |
| <input type="checkbox"/>   | <b>C2 - Certificate Level II (30-51 SCH)</b><br><i>(Award is TSI Required)</i>               |  | <input type="checkbox"/> |
| <input type="checkbox"/>   | <b>Occupational Skills Award (9-14 SCH)</b><br><i>(Award is TSI Waived)</i>                  |  | <input type="checkbox"/> |
| <input type="checkbox"/>   | <b>Skills Achievement Award (5-14 SCH)</b><br><i>(Award is TSI Waived)</i>                   |  | <input type="checkbox"/> |
| <input type="checkbox"/>   | <b>Enhanced Skills Certificate (6-12 SCH)</b><br><i>(Award is TSI Required)</i>              |  | <input type="checkbox"/> |
| <input type="checkbox"/>   | <b>Advanced Technical Certificate (16-45 SCH)</b><br><i>(Award is TSI Required)</i>          |  | <input type="checkbox"/> |

**DESCRIPTIVE PARAGRAPH:**

*(Provide the complete descriptive paragraph below as you would like it to appear in the web catalog)*

|                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | <b>NEW DESCRIPTIVE PARAGRAPH</b><br><i>(Select this option if this is a new descriptive paragraph)</i> | <input type="checkbox"/> | <b>REVISED DESCRIPTIVE PARAGRAPH</b><br><i>(Select this option if this is a revised descriptive paragraph)</i> |
|                          |  |                          |  |

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**CURRICULUM PATTERN TEMPLATE**  
**USE THIS FORMAT TO DESIGN CAREER/TECHNICAL CURRICULUM**

Institution:  
CIP:

FICE:

**PROPOSED CURRICULUM**

(NAME OF PROGRAM)  
(PROGRAM YEAR)

|                            |        |              | <u>LEC.</u> | <u>LAB.</u> | <u>EXT.</u> | <u>CONT.</u> | <u>CR.</u>  |
|----------------------------|--------|--------------|-------------|-------------|-------------|--------------|-------------|
|                            |        |              | <u>HRS.</u> | <u>HRS.</u> | <u>HRS.</u> | <u>HRS.</u>  | <u>HRS.</u> |
| <b><u>SEMESTER I</u></b>   |        |              |             |             |             |              |             |
| RUBRIC                     | NUMBER | COURSE TITLE | XX          | XX          | XX          | XX           | XX          |
| RUBRIC                     | NUMBER | COURSE TITLE | XX          | XX          | XX          | XX           | XX          |
| RUBRIC                     | NUMBER | COURSE TITLE | XX          | XX          | XX          | XX           | XX          |
| <b>Total Hours:</b>        |        |              | <b>XX</b>   | <b>XX</b>   | <b>XX</b>   | <b>XX</b>    | <b>XX</b>   |
| <b><u>SEMESTER II</u></b>  |        |              |             |             |             |              |             |
| RUBRIC                     | NUMBER | COURSE TITLE | XX          | XX          | XX          | XX           | XX          |
| RUBRIC                     | NUMBER | COURSE TITLE | XX          | XX          | XX          | XX           | XX          |
| RUBRIC                     | NUMBER | COURSE TITLE | XX          | XX          | XX          | XX           | XX          |
| <b>Total Hours:</b>        |        |              | <b>XX</b>   | <b>XX</b>   | <b>XX</b>   | <b>XX</b>    | <b>XX</b>   |
| <b><u>SEMESTER III</u></b> |        |              |             |             |             |              |             |
| RUBRIC                     | NUMBER | COURSE TITLE |             |             |             |              |             |
| RUBRIC                     | NUMBER | COURSE TITLE | XX          | XX          | XX          | XX           | XX          |
| RUBRIC                     | NUMBER | COURSE TITLE | XX          | XX          | XX          | XX           | XX          |
| <b>Total Hours:</b>        |        |              | <b>XX</b>   | <b>XX</b>   | <b>XX</b>   | <b>XX</b>    | <b>XX</b>   |
| <b>GRAND TOTAL:</b>        |        |              |             |             |             | =====        | <b>XX</b>   |

**DALLAS COUNTY COMMUNITY COLLEGE DISTRICT**

**CAREER AND TECHNICAL  
INSTITUTIONAL OCCUPATIONAL SKILLS AWARD  
PROGRAM REVISION FORM**

|  |  |
|--|--|
| <b>PROGRAM NAME:</b> <i>(Enter program name below)</i> | <b>PROGRAM CIP CODE:</b> <i>(Enter program CIP code below)</i> |
|  |  |

|   |   |  |  |
|---|---|--|--|
| <b>INSTITUTION AND FICE CODE:</b> <i>(Mark "X" next to specific institution(s). May choose more than one)</i> |   |  |  |
|   | <input type="checkbox"/> <b>Brookhaven College</b> <i>(FICE Code: 021002)</i>   |  | <input type="checkbox"/> <b>Mountain View College</b> <i>(FICE Code: 008503)</i> |
|   | <input type="checkbox"/> <b>Cedar Valley College</b> <i>(FICE Code: 003561)</i> |  | <input type="checkbox"/> <b>North Lake College</b> <i>(FICE Code: 020774)</i>    |
|   | <input type="checkbox"/> <b>Eastfield College</b> <i>(FICE Code: 008510)</i>    |  | <input type="checkbox"/> <b>Richland College</b> <i>(FICE Code: 008504)</i>      |
|   | <input type="checkbox"/> <b>El Centro College</b> <i>(FICE Code: 004453)</i>    |  |  |

|  |   |  |   |
|--|---|--|---|
| <b>EFFECTIVE DATE OF REVISION</b>  |   |  |   |
| <b>For Career/Technical Programs</b> <i>(Mark "X" next to effective date. Select only one)</i> |   |  |   |
|  | <input type="checkbox"/> <b>01-01-2019</b> <i>(Spring Semester)</i> |  | <input type="checkbox"/> <b>01-01-2020</b> <i>(Spring Semester)</i> |
|  | <input type="checkbox"/> <b>09-01-2019</b> <i>(Fall Semester)</i>   |  | <input type="checkbox"/> <b>09-01-2020</b> <i>(Fall Semester)</i>   |

|  |  |  |  |
|--|--|--|--|
| <b>For Continuing Education Programs</b> <i>(Mark "X" next to effective date. Select only one)</i> |  |  |  |
|  | <input type="checkbox"/> <b>03-01-2019</b> <i>(3<sup>rd</sup> Quarter)</i> |  | <input type="checkbox"/> <b>03-01-2020</b> <i>(3<sup>rd</sup> Quarter)</i> |
|  | <input type="checkbox"/> <b>06-01-2019</b> <i>(4<sup>th</sup> Quarter)</i> |  | <input type="checkbox"/> <b>06-01-2020</b> <i>(4<sup>th</sup> Quarter)</i> |
|  | <input type="checkbox"/> <b>09-01-2019</b> <i>(1<sup>st</sup> Quarter)</i> |  | <input type="checkbox"/> <b>09-01-2020</b> <i>(1<sup>st</sup> Quarter)</i> |
|  | <input type="checkbox"/> <b>12-01-2019</b> <i>(2<sup>nd</sup> Quarter)</i> |  | <input type="checkbox"/> <b>12-01-2020</b> <i>(2<sup>nd</sup> Quarter)</i> |

| Award Code | Award Type | AWARD TITLE | CIP Code | Length (Sem/Qtr) | MAX CH | MAX CR HRS |
|------------|------------|-------------|----------|------------------|--------|------------|
|            | OSA        | Current:    |          |                  |        |            |
|            | OSA        | Proposed:   |          |                  |        |            |
|            | OSA        | Current:    |          |                  |        |            |
|            | OSA        | Proposed:   |          |                  |        |            |
|            | OSA        | Current:    |          |                  |        |            |
|            | OSA        | Proposed:   |          |                  |        |            |

|                     |  |
|---------------------|--|
| <b>Action Code:</b> | RV = Revised, DE = Deactivate, CL = Close  |
| <b>Award Type:</b>  | OSA <i>(Occupational Skills Award 9-14 SCH or 144-359 CEU contact hours)</i> <b>TSI WAIVED</b> |

**OFFICE OF WORKFORCE EDUCATION AUTHORIZED SCHOOL OFFICIAL**

|   |                                  |                            |  |
|---|----------------------------------|----------------------------|--|
| <b>Official Signature</b>   |                                  |                            | <b>Date</b>                              |
| Joyce Williams<br>Associate Vice Chancellor, Workforce and Community Initiatives<br><b>(Authorized Official Name and Title)</b> | 214-378-1746<br><b>Telephone</b> | 214-378-1710<br><b>Fax</b> | williamsjoyce@dcccd.edu<br><b>E-mail</b> |

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**DALLAS COUNTY COMMUNITY COLLEGE DISTRICT**

**INSTITUTIONAL SKILLS ACHIEVEMENT AWARD  
APPLICATION FOR APPROVAL OF NEW SKILLS ACHIEVEMENT AWARD**

|   |   |  |                  |  |                         |   |
|---|---|--|------------------|--|-------------------------|---|
| <b>PROGRAM NAME:</b> <i>(Enter the program title below)</i>   |   |  |                  | <b>PROGRAM CIP CODE:</b> <i>(Enter program CIP code below)</i> |                         |   |
|   |   |  |                  |  |                         |   |
| <b>INSTITUTION AND FICE CODE:</b> <i>(Mark "X" next to specific institution(s). May choose more than one)</i> |   |  |                  |  |                         |   |
|   |   | <b>Brookhaven College</b> <i>(FICE Code: 021002)</i>   |                  |  |                         | <b>Mountain View College</b> <i>(FICE Code: 008503)</i> |
|   |   | <b>Cedar Valley College</b> <i>(FICE Code: 003561)</i> |                  |  |                         | <b>North Lake College</b> <i>(FICE Code: 020774)</i>    |
|   |   | <b>Eastfield College</b> <i>(FICE Code: 008510)</i>    |                  |  |                         | <b>Richland College</b> <i>(FICE Code: 008504)</i>      |
|   |   | <b>El Centro College</b> <i>(FICE Code: 004453)</i>    |                  |  |                         |   |
|   |   |  |                  |  |                         |   |
| <b>EFFECTIVE DATE OF REVISION</b>   |   |  |                  |  |                         |   |
| <i>For Career/Technical Programs (Mark "X" next to effective date. Select only one)</i>                       |   |  |                  |  |                         |   |
|   |   | <b>01-01-2019</b> <i>(Spring Semester)</i>             |                  |  |                         | <b>01-01-2020</b> <i>(Spring Semester)</i>              |
|   |   | <b>09-01-2019</b> <i>(Fall Semester)</i>               |                  |  |                         | <b>09-01-2020</b> <i>(Fall Semester)</i>                |
|   |   |  |                  |  |                         |   |
| <b>Action Code</b>  | <b>Award Type</b>   | <b>AWARD TITLE</b>                                     | <b>CIP Code</b>  | <b>Length (Sem/Qtr)</b>  | <b>MAX CH</b>           | <b>MAX CR HRS</b>                                       |
| A   | SAA   |  |                  |  |                         |   |
| A   | SAA   |  |                  |  |                         |   |
| A   | SAA   |  |                  |  |                         |   |
| A   | SAA   |  |                  |  |                         |   |
|   |   |  |                  |  |                         |   |
| <b>Action Code:</b>   | A = Add Award   |  |                  |  |                         |   |
| <b>Award Type:</b>  | SAA <i>(Skills Achievement Award 5-14 SCH)</i> TSI WAIVED |  |                  |  |                         |   |
|   |   |  |                  |  |                         |   |
| <b>OFFICE OF WORKFORCE EDUCATION AUTHORIZED SCHOOL OFFICIAL</b>   |   |  |                  |  |                         |   |
|   |   |  |                  |  |                         |   |
| <b>Official Signature</b>   |   |  |                  |  | <b>Date</b>             |   |
| Joyce Williams<br>Associate Vice Chancellor, Workforce and Community Initiatives                              |   |  | 214-378-1746     | 214-378-1710   | williamsjoyce@dcccd.edu |   |
| <b>(Authorized Official Name and Title)</b>   |   |  | <b>Telephone</b> | <b>Fax</b>   | <b>E-mail</b>           |   |

For assistance, contact Teresa Moomaw at (214) 378-1783 or by e-mail at [tmoomaw@dcccd.edu](mailto:tmoomaw@dcccd.edu).

# DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

## CAREER AND TECHNICAL INSTITUTIONAL SKILLS ACHIEVEMENT AWARD PROGRAM REVISION FORM

|  |  |
|--|--|
| <b>PROGRAM NAME:</b> <i>(Enter program name below)</i> | <b>PROGRAM CIP CODE:</b> <i>(Enter program CIP code below)</i> |
|  |  |

|   |  |  |   |
|---|--|--|---|
| <b>INSTITUTION AND FICE CODE:</b> <i>(Mark "X" next to specific institution(s). May choose more than one)</i> |  |  |   |
|   | <input type="checkbox"/> Brookhaven College <i>(FICE Code: 021002)</i>   |  | <input type="checkbox"/> Mountain View College <i>(FICE Code: 008503)</i> |
|   | <input type="checkbox"/> Cedar Valley College <i>(FICE Code: 003561)</i> |  | <input type="checkbox"/> North Lake College <i>(FICE Code: 020774)</i>    |
|   | <input type="checkbox"/> Eastfield College <i>(FICE Code: 008510)</i>    |  | <input type="checkbox"/> Richland College <i>(FICE Code: 008504)</i>      |
|   | <input type="checkbox"/> El Centro College <i>(FICE Code: 004453)</i>    |  |   |

|  |  |  |  |
|--|--|--|--|
| <b>EFFECTIVE DATE OF REVISION</b>  |  |  |  |
| <b>For Career/Technical Programs</b> <i>(Mark "X" next to effective date. Select only one)</i> |  |  |  |
|  | <input type="checkbox"/> 01-01-2019 <i>(Spring Semester)</i> |  | <input type="checkbox"/> 01-01-2020 <i>(Spring Semester)</i> |
|  | <input type="checkbox"/> 09-01-2019 <i>(Fall Semester)</i>   |  | <input type="checkbox"/> 09-01-2020 <i>(Fall Semester)</i>   |

| Award Code | Award Type | AWARD TITLE | CIP Code | Length (Sem/Qtr) | MAX CH | MAX CR HRS |
|------------|------------|-------------|----------|------------------|--------|------------|
|            | SAA        | Current:    |          |                  |        |            |
|            | SAA        | Proposed:   |          |                  |        |            |
|            | SAA        | Current:    |          |                  |        |            |
|            | SAA        | Proposed:   |          |                  |        |            |
|            | SAA        | Current:    |          |                  |        |            |
|            | SAA        | Proposed:   |          |                  |        |            |

|                     |   |
|---------------------|---|
| <b>Action Code:</b> | RV = Revised, DE = Deactivate, CL = Close                   |
| <b>Award Type:</b>  | SAA <i>(Skills Achievement Award - 5-14 SCH)</i> TSI WAIVED |

### OFFICE OF WORKFORCE EDUCATION AUTHORIZED SCHOOL OFFICIAL

|   |                                  |                            |  |
|---|----------------------------------|----------------------------|--|
| <b>Official Signature</b>   |                                  |                            | <b>Date</b>                              |
| Joyce Williams<br>Associate Vice Chancellor, Workforce and Community Initiatives<br><b>(Authorized Official Name and Title)</b> | 214-378-1746<br><b>Telephone</b> | 214-378-1710<br><b>Fax</b> | williamsjoyce@dcccd.edu<br><b>E-mail</b> |

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## CAREER/TECHNICAL (CTE) CURRICULUM COMMITTEE SUMMATIVE REPORT (FOR CAREER/TECHNICAL AND CEU)

|  |  |   |  |
|--|--|---|--|
| <b>Effective Date of Revision/New Program:</b> <i>(Mark "X" next to effective date. Select only one)</i> |  |   |  |
| <b>SPRING</b>  |  | <i>(indicate year)</i>                                  |  |
| <b>FALL</b>  |  | <i>(indicate year)</i>                                  |  |
| <b>Committee/Program Name:</b>   |  |   |  |
| <b>Curriculum Committee Chair(s):</b>  |  | <b>Phone Ext.:</b>                                      |  |
| <b>Date Curriculum Committee Met:</b>  |  |   |  |
| <b>Attendees:</b>  |  |   |  |
| <b>Absent:</b>   |  |   |  |
| <b>Recorder:</b>   |  |   |  |
| <b>MEETING MINUTES SUMMARY</b><br><i>(provide brief summary)</i>   |  |   |  |
|  |  |   |  |
| <b>Number of Committee Members Voted for Changes:</b>  |  | <b>Number of Committee Members Against the Changes:</b> |  |

|  |  |                          |             |
|--|--|--------------------------|-------------|
| <b>PROGRAM REVISION IMPACT</b>   |  |                          |             |
| <b>SECTION I:</b>  | <b>NOTE:</b> <i>Check either "YES" or "NO" to the following questions.</i> |                          |             |
|  | <b>YES</b>   | <b>NO</b>                |             |
| Are other CTE awards being impacted by the proposed revision?  | <input type="checkbox"/>   | <input type="checkbox"/> |             |
| Does the CTE revision impact CTE Dual Credit?  | <input type="checkbox"/>   | <input type="checkbox"/> |             |
| Is the CTE revision adding a new rubric to the proposed revision? <i>(A new rubric is one which currently does not exist in the colleague system).</i>   | <input type="checkbox"/>   | <input type="checkbox"/> |             |
| Is there a change in credit hours in a certificate <i>(if applicable)</i> ? <i>Impacts Financial Aid.</i>  | <input type="checkbox"/>   | <input type="checkbox"/> |             |
| Have courses been checked for prerequisites impact?  | <input type="checkbox"/>   | <input type="checkbox"/> |             |
| <b>SECTION II: CTE AND CEU REVISIONS</b>   |  |                          |             |
| For a revision of an existing award, visit <a href="#">CTE and CEU Awards</a> to obtain current curriculum.  |  |                          |             |
| For a new award except adding an AAS degree, visit <a href="#">CTE Forms</a> to obtain new award feasibility information.  |  |                          |             |
| For a new course, new special topics course, or new local need course; visit <a href="#">CTE Forms</a> to complete course description form and other required paperwork.   |  |                          |             |
| For a new or revised descriptive paragraph for an award, visit <a href="#">CTE Forms</a> to obtain form.   |  |                          |             |
|  |  |                          |             |
| <b>Name of Curriculum Committee Chairperson</b>  |  |                          | <b>Date</b> |
| By placing my name on this document and submitting it to the District Office of Workforce Education, I am confirming that the information provided accurately represents actions approved by a majority vote of the committee. |  |                          |             |



## CAREER/TECHNICAL (CTE) COMMITTEE RECOMMENDATION FORM

**INSTRUCTIONS:** (Mark "X" in the boxes below which best describes the changes being made.)

|  |   |                          |   |
|--|---|--------------------------|---|
|  | Adding new WECM course(s)               |                          | Revising Lec/Lab/Ext/CH Hours to WECM course(s)     |
|  | Revising WECM course title(s)           |                          | Revising CIP code (Approval Number)                 |
|  | Deleting WECM course(s)                 |                          | Revising WECM course description(s)                 |
|  | Adding prerequisite to WECM course(s)   |                          | Adding WECM course description(s)                   |
|  | Hard Code: Yes                          | <input type="checkbox"/> | Adding new descriptive paragraph for new award(s)   |
|  | Hard Code: No                           | <input type="checkbox"/> | Revising descriptive paragraph to existing award(s) |
|  | Revising prerequisite to WECM course(s) |                          | Adding new award to existing program                |
|  | Hard Code: Yes                          | <input type="checkbox"/> | Deleting prerequisite from WECM course(s)           |
|  | Hard Code: No                           | <input type="checkbox"/> |   |
|  | Other (Explain below)                   |                          |   |
|  |   |                          |   |
|  |   |                          |   |
|  |   |                          |   |
|  |   |                          |   |
|  |   |                          |   |
|  |   |                          |   |

**This page is to be used to provide to the Committee information regarding the institutional impact that the above curriculum changes may have on other instructional programs/awards, as well as, other departments. Please contact the following departments to see if above changes may have institutional impact:**

|  |   |  |                             |
|--|---|--|-----------------------------|
|  | Academic Advising (College Location)          |  | Online Catalog (B. Welcome) |
|  | Financial Aid (College Location)              |  | Degree Audit (N. Faris)     |
|  | Curriculum Management/Liberal Arts (M. Greer) |  | Workforce/CTE (J. Williams) |
|  | Other (Explain below)                         |  |                             |
|  |   |  |                             |
|  |   |  |                             |
|  |   |  |                             |
|  |   |  |                             |
|  |   |  |                             |
|  |   |  |                             |

# DALLAS COUNTY COMMUNIT COLLEGE DISTRICT

## CAREER/TECHNICAL COURSE DESCRIPTION FORM (CREDIT ONLY)

*(More than one course description can be added to form)*

|  |   |  |   |
|--|---|--|---|
| <b>PROGRAM NAME:</b>   |   |  |   |
| <b>EFFECTIVE DATE:</b> <i>(Mark "X" next to effective date. Select only one)</i> |   |  |   |
|  | <input type="checkbox"/> <b>01-01-2019</b> <i>(Spring Semester)</i> |  | <input type="checkbox"/> <b>01-01-2020</b> <i>(Spring Semester)</i> |
|  | <input type="checkbox"/> <b>09-01-2019</b> <i>(Fall Semester)</i>   |  | <input type="checkbox"/> <b>09-01-2020</b> <i>(Fall Semester)</i>   |

### FOLLOW FORMAT BELOW

|   |   |                       |
|---|---|-----------------------|
| <b>Rubric, Course#, Credit Hours:</b> <i>(required)</i>   | PSTR 1206 (2 Credit Hours)  | <i>(Example Only)</i> |
| <b>College Offering:</b> <i>(required)</i>  | Offered at ECC  | <i>(Example Only)</i> |
| <b>Course Title:</b> <i>(required)</i>  | Cake Decorating I   | <i>(Example Only)</i> |
| <b>Course Type:</b> <i>(required)</i>   | This is a WECM Course Number.   | <i>(Example Only)</i> |
| <b>Prerequisite Required:</b> <i>(if applicable)</i>  | PSTR 1301 with a "C" or better.   | <i>(Example Only)</i> |
| <b>Prerequisite Recommended:</b> <i>(if applicable)</i>   | N/A   | <i>(Example Only)</i> |
| <b>Course Description:</b> <i>(required)</i><br><i>(includes lecture, laboratory, and/or external components)</i> | Introduction to skills, concepts and techniques of cake decorating.<br>(1 Lec., 3 Lab.) | <i>(Example Only)</i> |

### TYPE COURSE DESCRIPTION BELOW

For assistance, contact Teresa Moomaw at (214) 378-1783 or by e-mail [tmoomaw@dccd.edu](mailto:tmoomaw@dccd.edu).

## WECM LOCAL NEED COURSE FORM (FOR CREDIT OR CEU ONLY)

(Please provide this information for each topic presented in a local need course)

**NOTE:** Before submitting a local need course, be sure to check the WECM and Local Need inventory to determine if a course already exists which meets college requirements.

|  |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
|--|--|--|--|----------------------------------|---|----------------------------------|----------------------------|----------------------------------|--|------------------|--|
| <b>INSTITUTION AND FICE CODE:</b> (Mark "X" next to specific institution. May choose more than one)  |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
|  |  | Brookhaven College (FICE Code: 021002)   |  |                                  | Mountain View College (FICE Code: 008503) |                                  |                            |                                  |  |                  |  |
|  |  | Cedar Valley College (FICE Code: 003561) |  |                                  | North Lake College (FICE Code: 020774)    |                                  |                            |                                  |  |                  |  |
|  |  | Eastfield College (FICE Code: 008510)    |  |                                  | Richland College (FICE Code: 008504)      |                                  |                            |                                  |  |                  |  |
|  |  | El Centro College (FICE Code: 004453)    |  |                                  |   |                                  |                            |                                  |  |                  |  |
| <b>Rubric:</b>   |  | <b>Number (XX7X):</b>                    |  |                                  | 7   | <b>Six-digit CIP:</b>            |                            |                                  |  |                  |  |
| <b>Course Title:</b>   |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
| <b>Type of Instruction:</b> (Choose only one)  |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
|  |  | <b>Lec/Lab</b>                           |  |                                  | <b>Clinical</b>                           |                                  | <b>Coop</b>                |                                  | <b>Internship</b>                        | <b>Practicum</b> |  |
| <b>Justification for Local Need Course Required:</b> Refer to GIPWE Ch. 4 for limitations. (Provide description in the box provided below)   |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
|  |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
| <b>Actual Contact Hours Course will be Taught:</b>   |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
| <b>Effective Date:</b>   |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
| <b>For a Career/Technical Course:</b> (Mark "X" next to effective date. Select only one)   |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
|  |  | 01-01-2019 (Spring Semester)             |  |                                  |   | 01-01-2020 (Spring Semester)     |                            |                                  |  |                  |  |
|  |  | 09-01-2019 (Fall Semester)               |  |                                  |   | 09-01-2020 (Fall Semester)       |                            |                                  |  |                  |  |
| <b>For a Continuing Education Course:</b> (Mark "X" next to effective date. Select only one)   |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
|  |  | 09-01-2019 (1 <sup>st</sup> QTR)         |  | 12-01-2019 (2 <sup>nd</sup> QTR) |   | 03-01-2019 (3 <sup>rd</sup> QTR) |                            | 06-01-2019 (4 <sup>th</sup> QTR) |  |                  |  |
|  |  | 09-01-2020 (1 <sup>st</sup> QTR)         |  | 12-01-2020 (2 <sup>nd</sup> QTR) |   | 03-01-2020 (3 <sup>rd</sup> QTR) |                            | 06-01-2020 (4 <sup>th</sup> QTR) |  |                  |  |
| <b>Licensing agency or accrediting body:</b> (if applicable)   |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
| <b>Course Level:</b> (Choose only one)   |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
|  |  | <b>Introductory</b>                      |  |                                  |   | <b>Intermediate</b>              |                            |                                  | <b>Advanced</b>                          |                  |  |
| <b>Course Description:</b> This should be a brief statement that describes the overall goal(s), content, and major topics of the course. Generally, course descriptions should contain no more than 100 words, but no less than 25 words. Please do not use abbreviations. |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
| <b>(PROVIDE COURSE DESCRIPTION BELOW)</b>  |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
|  |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
| <b>Learning Outcomes:</b> Write one or more broad objectives in each of the two categories specified below, as applicable to this course. Please number each learning outcome. <b>An action verb must be the first word in a learning outcome.</b>                         |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
| <b>Upon successful completion of the course, the student will:</b>   |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
|  |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
| <b>Lab Recommended:</b>  |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
|  |  | <b>YES</b>                               |  | <b>NO</b>                        |   |                                  |                            |                                  |  |                  |  |
| <b>Suggested Prerequisite:</b> (if any)  |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
| <b>CIP Descriptor:</b>   |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
|  |  |  |  |                                  |   |                                  |                            |                                  |  |                  |  |
| Joyce Williams<br>Associate Vice Chancellor, Workforce and Community Initiatives<br><b>Authorized Official Name and Title</b>  |  |  |  |                                  | 214-378-1746<br><b>Telephone</b>          |                                  | 214-378-1710<br><b>Fax</b> |                                  | williamsjoyce@dcccd.edu<br><b>E-mail</b> |                  |  |

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail at [tmoomaw@dcccd.edu](mailto:tmoomaw@dcccd.edu)

## WECM SPECIAL TOPICS COURSE FORM (FOR CREDIT OR CEU ONLY)

(Please provide this information for each topic presented in a Special Topics course)

**NOTE:** Before submitting a special topic course, be sure to check the WECM to determine if a general course already exists which meets college requirements.

|  |  |  |  |                                  |   |  |                              |
|--|--|--|--|----------------------------------|---|--|------------------------------|
| <b>INSTITUTION AND FICE CODE:</b> (Mark "X" next to specific institution. May choose more than one)  |  |  |  |                                  |   |  |                              |
|  |  | Brookhaven College (FICE Code: 021002)   |  |                                  | Mountain View College (FICE Code: 008503) |  |                              |
|  |  | Cedar Valley College (FICE Code: 003561) |  |                                  | North Lake College (FICE Code: 020774)    |  |                              |
|  |  | Eastfield College (FICE Code: 008510)    |  |                                  | Richland College (FICE Code: 008504)      |  |                              |
|  |  | El Centro College (FICE Code: 004453)    |  |                                  |   |  |                              |
| <b>Does A Mirror Course Already Exist?</b> Select "No" or "Yes".<br>Before you submit a special topic course, be sure to check the WECM to determine if a general course already exists which meets your requirements.   |  |  |  |                                  |   | <input type="checkbox"/> NO              | <input type="checkbox"/> YES |
| <b>Rubric:</b>   |  | <b>Number:</b> (XX9X)                    |  | 9                                | <b>Six-digit CIP</b>                      |  |                              |
| <b>Local Course Title:</b>   |  |  |  |                                  |   |  |                              |
| <b>Actual Contact Hours Course will be Taught:</b>   |  |  |  |                                  |   |  |                              |
| <b>Effective Date:</b>   |  |  |  |                                  |   |  |                              |
| <b>For a Career/Technical Course:</b> (Mark "X" next to effective date. Select only one)   |  |  |  |                                  |   |  |                              |
|  |  | 01-01-2019 (Spring Semester)             |  |                                  | 01-01-2020 (Spring Semester)              |  |                              |
|  |  | 09-01-2019 (Fall Semester)               |  |                                  | 09-01-2020 (Fall Semester)                |  |                              |
| <b>For a Continuing Education Course:</b> (Mark "X" next to effective date. Select only one)   |  |  |  |                                  |   |  |                              |
|  |  | 09-01-2019 (1 <sup>st</sup> QTR)         |  | 12-01-2019 (2 <sup>nd</sup> QTR) |   | 03-01-2019 (3 <sup>rd</sup> QTR)         |                              |
|  |  | 09-01-2020 (1 <sup>st</sup> QTR)         |  | 12-01-2020 (2 <sup>nd</sup> QTR) |   | 03-01-2020 (3 <sup>rd</sup> QTR)         |                              |
|  |  |  |  |                                  |   | 06-01-2019 (4 <sup>th</sup> QTR)         |                              |
|  |  |  |  |                                  |   | 06-01-2020 (4 <sup>th</sup> QTR)         |                              |
| <b>Course Level:</b> (Choose only one)   |  | <b>Introductory</b>                      |  | <b>Intermediate</b>              |   | <b>Advanced</b>                          |                              |
| <b>Course Description:</b> This should be a brief statement that describes the overall goal(s), content, and major topics of the course. Generally, course descriptions should contain no more than 100 words, but no less than 25 words. Please do not use abbreviations. Topics address recently identified current events, skills, knowledge, and/or attitudes and behaviors pertinent to the technology or occupation and relevant to the professional development of the student. |  |  |  |                                  |   |  |                              |
| <b>(PROVIDE COURSE DESCRIPTION BELOW)</b>  |  |  |  |                                  |   |  |                              |
|  |  |  |  |                                  |   |  |                              |
| <b>Learning Outcomes:</b> Write one or more broad objectives in each of the two categories specified below, as applicable to this course. Please number each learning outcome. <b>An action verb must be the first word in a learning outcome.</b>   |  |  |  |                                  |   |  |                              |
| Learning outcomes/objectives are determined by local occupational need and business and industry trends.   |  |  |  |                                  |   |  |                              |
| 1. Discipline-specific <b>KNOWLEDGE</b> in (theory and concepts; materials, tools, equipment, other resources, processes, procedures, regulations, laws, interactions within and among systems--political, economic, environmental, legal)   |  |  |  |                                  |   |  |                              |
| 2. Discipline-specific <b>SKILLS</b> in (technical competencies, tasks, capabilities; applied academic skills; technical communication--speaking, writing, and computation; information research and computer utilization)   |  |  |  |                                  |   |  |                              |
| <b>Upon successful completion of the course, the student will:</b>   |  |  |  |                                  |   |  |                              |
|  |  |  |  |                                  |   |  |                              |
| Joyce Williams<br>Associate Vice Chancellor, Workforce and Community Initiatives<br><b>Authorized Official Name and Title</b>  |  |  |  | 214-378-1746<br><b>Telephone</b> | 214-378-1710<br><b>Fax</b>                | williamsjoyce@dcccd.edu<br><b>E-mail</b> |                              |

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail at [tmoomaw@dcccd.edu](mailto:tmoomaw@dcccd.edu)

Mark "X" next to appropriate box (Select only one):

|                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | New/Add       |
| <input type="checkbox"/> | Revise/Change |
| <input type="checkbox"/> | Reinstate     |

**COLLEAGUE COURSE MASTER FORM (ADD/REVISE CREDIT COURSES ONLY)**  
 (Please complete **ONE** form for each course to be added/revise/reinstated in colleague.)

|  |                                    |   |   |   |                                 |                              |                                     |
|--|------------------------------------|---|---|---|---------------------------------|------------------------------|-------------------------------------|
| <b>Program(s):</b> (List program(s) affected by this course)   |                                    |   |   |   |                                 |                              |                                     |
| <b>Depts:</b> (Enter department code for each college approved to offer course)  |                                    |   |   |   |                                 |                              | <b>Percent: 100.00</b><br>(default) |
| <b>Rubric:</b> (Enter course rubric)   |                                    |   |   |   |                                 |                              |                                     |
| <b>Course Number:</b> (Enter 4-digit course number)  |                                    |   |   |   |                                 |                              |                                     |
| <b>Effective Date:</b><br>(Mark "X" next to beginning date of term/semester. Select only one)  |                                    |   |   | <b>Credit Type:</b><br>(Mark "X" next to appropriate credit type) |                                 |                              |                                     |
| <input type="checkbox"/>   | <b>Spring 2019 - (12/05/18)</b>    | <input type="checkbox"/>  | <b>Spring 2020 - (12/11/19)</b>           | <input type="checkbox"/>  | <b>I – DCCCD College Level</b>  |                              |                                     |
| <input type="checkbox"/>   | <b>Summer 2019 - (05/01/19)</b>    | <input type="checkbox"/>  | <b>Summer 2020 - (05/06/20)</b>           | <input type="checkbox"/>  | <b>ID – DCCCD Developmental</b> |                              |                                     |
| <input type="checkbox"/>   | <b>Fall 2019 - (08/02/19)</b>      | <input type="checkbox"/>  | <b>Fall 2020 - (08/07/20)</b>             |   |                                 |                              |                                     |
| <b>Min/Max Credit Hours:</b><br>(Enter the credit hours)   |                                    | <b>Course Levels:</b> (Mark "X" next to appropriate course level) |   |   |                                 |                              |                                     |
|  |                                    | <b>Freshman</b><br>1  | <b>Sophomore</b><br>2                     | <b>Third Year</b><br>3  | <b>Developmental</b><br>D       | <b>ESOL Credit Only</b><br>E |                                     |
|  |                                    |   |   |   |                                 |                              |                                     |
| <b>Academic Level:</b>   |                                    | <b>CR-Credit (default)</b>  |   | <b>Grade Scheme:</b>  |                                 | <b>CR-Credit (default)</b>   |                                     |
| <b>Short Title:</b> (Please use one character per box and enter the appropriate course title below according to the <u>Workforce Education Course Manual</u> or <u>Lower Division Academic Course Guide Manual</u> if applicable or listed in one of these manuals).<br><b>NOTE: Short title is limited to 29 characters (including spaces) in colleague. Title may vary at the SECTION level.</b> |                                    |   |   |   |                                 |                              |                                     |
|  |                                    |   |   |   |                                 |                              |                                     |
| <b>Long Title:</b> (Please enter the appropriate course title below according to the <u>Workforce Education Course Manual</u> or <u>Lower Division Academic Course Guide Manual</u> if applicable or listed in one of these manuals).<br><b>NOTE: Long title must match the WECM course title.</b>   |                                    |   |   |   |                                 |                              |                                     |
| <b>National ID:</b> (Enter 6-digit CIP code)   |                                    |   |   | <b>Local ID:</b> (Enter 10-digit CIP code)                        |                                 |                              |                                     |
| <b>Course Types:</b> (Mark "X" next to appropriate course type. Select only one)   |                                    |   |   |   |                                 |                              |                                     |
| <input type="checkbox"/>   | <b>1 – General Academic (ACGM)</b> | <input type="checkbox"/>  | <b>2 – Regular Technical (Local Need)</b> | <input type="checkbox"/>  | <b>4 – Technical (WECM)</b>     | <input type="checkbox"/>     | <b>Z – Credit (Not Funded)</b>      |
| <b>Replaced Course:</b> (Enter 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)   |                                    |   |   |   |                                 |                              |                                     |

If assistance is needed in completing this form for a **CAREER/TECHNICAL** course, contact Teresa Moomaw at 214-378-1783.

**COLLEGE COURSE MASTER FORM (ADD/REVISE CREDIT COURSES ONLY) – PAGE 2**

|   |   |  |   |                      |  |
|---|---|--|---|----------------------|--|
| <b>Subject:</b> <i>(Enter course prefix/subject name)</i>   |   |  |   |                      |  |
| <b>Course Number:</b> <i>(Enter 4-digit course number)</i>  |   |  |   |                      |  |
| <b>COURSE OFFERING INFORMATION</b><br><i>(Refer to the Lecture/Lab Grid for appropriate instructor load percentages and contact hours.)</i>   |   |  |   |                      |  |
| <b>Instructor Method</b><br><i>(Mark "X" next to appropriate method)</i>  |   | <b>Contact Hrs. per Week</b>   | <b>Instructor Load (%)</b>                      | <b>Contact Hours</b> | <b>Contact Measure</b><br><i>(Office Use Only)</i> |
|   | <b>LEC</b> Lecture  |  |   |                      | T - Term   |
|   | <b>LAB</b> Laboratory   |  |   |                      | T - Term   |
|   | <b>COOP</b> Cooperative Work Experience                                 |  |   |                      | T - Term   |
|   | <b>CLIN</b> Clinical  |  |   |                      | T - Term   |
|   | <b>PRAC</b> Practicum   |  |   |                      | T - Term   |
|   | <b>INT</b> Internship   |  |   |                      | T - Term   |
|   | <b>PRVT</b> Private Instruction   |  |   |                      | T - Term   |
| <b>TOTAL CONTACT HOURS:</b> <i>(Enter total contact hours for course)</i>   |   |  |   |                      |  |
| <b>Min/Max Contact Hours:</b> <i>(Enter minimum and maximum contact hours for course as noted in the WECM manual or ACGM manual)</i>  |   |  |   | <b>Minimum</b>       | <b>Maximum</b>                                     |
|   |   |  |   |                      |  |
| <b>COURSE BILLING INFORMATION</b>   |   |  |   |                      |  |
| <b>Billing Method</b> <i>(default)</i><br><i>(Office Use Only)</i>  | <b>Billing Period Type</b> <i>(default)</i><br><i>(Office Use Only)</i> | <b>Periodic Billing</b> <i>(default)</i><br><i>(Office Use Only)</i> | <b>Credit Hours</b><br><i>(Office Use Only)</i> |                      |  |
| T - From Table  | T - Term  | No   |   |                      |  |
| <b>Other Charges (Laboratory Fees)</b> <i>(Office Use Only)</i>   |   |  |   |                      |  |
| <b>AR CODE</b>  | <b>Amount</b> <i>(Enter the lab fee amount)</i>                         | <b>CR</b>  | <b>CALC TYPE</b> <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>Curriculum Committee Representative Response(s):</b> <i>(Please attach a response of approval or disapproval of changes from each college representative; Curriculum Committee Minutes of the meeting that contain committee responses, votes, etc. are acceptable).</i> |   |  |   |                      |  |
|   |   |  |   |                      |  |
| <b>Curriculum Chair Signature</b>   |   | <b>College</b>   | <b>Date</b>                                     |                      |  |
|   |   |  |   |                      |  |
| <b>Campus VPI of Curriculum Chair Signature</b>   |   | <b>College</b>   | <b>Date</b>                                     |                      |  |
|   |   |  |   |                      |  |

If assistance is needed in completing this form for a **CAREER/TECHNICAL** course, contact Teresa Moomaw at 214-378-1783.

**DALLAS COUNTY COMMUNITY COLLEGE DISTRICT**

**COLLEAGUE COURSE MASTER FORM  
(EXPIRE WECM CREDIT COURSES ONLY)  
(Use this form if course is expiring/archiving in WECM)**

|  |                                 |                                 |
|--|---------------------------------|---------------------------------|
| <b>Program Name:</b> <i>(Enter program name as shown in web catalog)</i>   |                                 |                                 |
| <b>Course Rubric/Course Number:</b> <i>(Enter course rubric and course number. May list more than one course. Example: ITSC 1401)</i>  |                                 |                                 |
| <b>Expiration date:</b> <i>(Mark "X" next to expired date of course. Expired date must be the same as WECM expired date).</i>  |                                 |                                 |
|  | <b>Spring 2019</b> – (12/31/18) | <b>Spring 2020</b> – (12/31/19) |
|  | <b>Summer 2019</b> – (05/31/19) | <b>Summer 2020</b> – (05/31/20) |
|  | <b>Fall 2019</b> – (08/31/19)   | <b>Fall 2020</b> – (08/31/20)   |
| <b>Curriculum Committee Representative Response(s):</b><br><i>(Attach a response of approval or disapproval of changes from each college representative. Curriculum Committee Minutes of the meeting that contain committee responses, votes, etc. are acceptable)</i> |                                 |                                 |
|  |                                 |                                 |
| <b>Curriculum Chair Signature</b>  | <b>College</b>                  | <b>Date</b>                     |
|  |                                 |                                 |
| <b>Campus VPI of Curriculum Chair Signature</b>  | <b>College</b>                  | <b>Date</b>                     |
|  |                                 |                                 |

**OFFICE OF WORKFORCE EDUCATION USE ONLY**

|  |  |
|--|--|
| <b>No longer offered in WECM/End in Colleague Course Master.<br/>Remove course description from web catalog course description database.</b> |  |
|  |  |
| <b>Course expired in Colleague on:</b>   |  |
| <b>Other pertinent information:</b>  |  |
|  |  |

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail [tmoomaw@dcccd.edu](mailto:tmoomaw@dcccd.edu)

**DALLAS COUNTY COMMUNITY COLLEGE DISTRICT**

**COLLEAGUE COURSE MASTER FORM  
(REMOVE WECM CREDIT COURSES FROM CAREER/TECHNICAL AWARD/PROGRAM)**

*(Use this form if a course is being removed from an award/program)*

Even though a course is being removed from an award/program, the course will continue to remain active in colleague until WECM expires/archives the course or \*unless otherwise noted below.

|   |                                 |                          |
|---|---------------------------------|--------------------------|
| <b>Program Name:</b> <i>(Enter program name as shown in the web catalog)</i>  |                                 |                          |
| <b>Course Rubric/Course Number:</b> <i>(Enter course rubric and course number. May list more than one course)</i>   |                                 |                          |
| <b>Ending date:</b> <i>(Mark "X" next to ending date of course/courses)</i>   |                                 |                          |
| <input type="checkbox"/>  | <b>Spring 2019</b> - (12/31/18) | <input type="checkbox"/> |
| <input type="checkbox"/>  | <b>Summer 2019</b> - (05/31/19) | <input type="checkbox"/> |
| <input type="checkbox"/>  | <b>Fall 2019</b> - (08/31/19)   | <input type="checkbox"/> |
| <input type="checkbox"/>  | <b>Spring 2020</b> - (12/31/19) | <input type="checkbox"/> |
| <input type="checkbox"/>  | <b>Summer 2020</b> - (05/31/20) | <input type="checkbox"/> |
| <input type="checkbox"/>  | <b>Fall 2020</b> - (08/31/20)   | <input type="checkbox"/> |
| <b>Curriculum Committee Representative Response(s):</b><br><i>(Attach a response of approval or disapproval of changes from each college representative. Curriculum Committee Minutes of the meeting that contain committee responses, votes, etc. are acceptable).</i> |                                 |                          |
| <b>Curriculum Chair Signature</b>   |                                 | <b>College</b>           |
|   |                                 | <b>Date</b>              |
| <b>Campus VPI of Curriculum Chair Signature</b>   |                                 | <b>College</b>           |
|   |                                 | <b>Date</b>              |

| <b>OFFICE OF WORKFORCE EDUCATION USE ONLY</b>  |            |            |            |            |            |            |            |
|--|------------|------------|------------|------------|------------|------------|------------|
| <b>Remove course description from course description database from both District and College Catalog(s) for:</b> |            |            |            |            |            |            |            |
|  | <b>BHC</b> | <b>CVC</b> | <b>EFC</b> | <b>ECC</b> | <b>MVC</b> | <b>NLC</b> | <b>RLC</b> |
|  |            |            |            |            |            |            |            |
| <b>Course still active in WECM/Leave in Colleague Course Master</b>  |            |            |            |            |            |            |            |
| <b>Course still being used at:</b>   |            |            |            |            |            |            |            |
|  | <b>BHC</b> | <b>CVC</b> | <b>EFC</b> | <b>ECC</b> | <b>MVC</b> | <b>NLC</b> | <b>RLC</b> |
| <b>*Other pertinent information:</b>   |            |            |            |            |            |            |            |
|  |            |            |            |            |            |            |            |

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## LECTURE/LAB CHART

| <b>Lecture Hours</b> |                            |                      |
|----------------------|----------------------------|----------------------|
| <b>Lecture Hours</b> | <b>Instructor Load (%)</b> | <b>Contact Hours</b> |
| 1                    | 7%                         | 16                   |
| 2                    | 13%                        | 32                   |
| 3                    | 20%                        | 48                   |
| 4                    | 27%                        | 64                   |
| 5                    | 33%                        | 80                   |
| 6                    | 40%                        | 96                   |
| 7                    | 47%                        | 112                  |
| 8                    | 53%                        | 128                  |
| 9                    | 60%                        | 144                  |
| 10                   | 67%                        | 160                  |
| 11                   | 73%                        | 176                  |
| 12                   | 80%                        | 192                  |
| 13                   | 87%                        | 208                  |
| 14                   | 93%                        | 224                  |
| 15                   | 100%                       | 240                  |
| 16                   | 107%                       | 256                  |
| 17                   | 113%                       | 272                  |
| 18                   | 120%                       | 288                  |
| 19                   | 127%                       | 304                  |
| 20                   | 133%                       | 320                  |

| <b>Lab/Clinical Hours</b> |                            |                      |
|---------------------------|----------------------------|----------------------|
| <b>Lab/Clinical Hours</b> | <b>Instructor Load (%)</b> | <b>Contact Hours</b> |
| 1                         | 4%                         | 16                   |
| 2                         | 9%                         | 32                   |
| 3                         | 13%                        | 48                   |
| 4                         | 18%                        | 64                   |
| 5                         | 22%                        | 80                   |
| 6                         | 27%                        | 96                   |
| 7                         | 31%                        | 112                  |
| 8                         | 36%                        | 128                  |
| 9                         | 40%                        | 144                  |
| 10                        | 44%                        | 160                  |
| 11                        | 49%                        | 176                  |
| 12                        | 53%                        | 192                  |
| 13                        | 58%                        | 208                  |
| 14                        | 62%                        | 224                  |
| 15                        | 67%                        | 240                  |
| 16                        | 71%                        | 256                  |
| 17                        | 76%                        | 272                  |
| 18                        | 80%                        | 288                  |
| 19                        | 85%                        | 304                  |
| 20                        | 89%                        | 320                  |