



Craven Community College
Course Change Form

Contact Person _____ Date _____

Program Code(s) _____

Program Title(s) _____

Course/Section number _____

Course Title _____

Type of Change – please check all that apply.

- Change in delivery method: Seated, Online, Hybrid
Change in Location: New Bern, Havelock, Cherry Point, Other

Response

An evaluation of your request has resulted in the following:

- The proposed change results in no substantive change to existing programs and can be offered in the _____ semester.
The proposed change results in a substantive change at the 25% point of the existing program(s) and must be reported to SACS. A _____ notification is required. Upon approval from SACS this course can be offered in the _____ semester.
The proposed change results in a substantive change at the 50% point of the existing program(s) and must be reported to SACS. A _____ notification is required. Upon approval from SACS this course can be offered in the _____ semester.

Dean, Institutional Effectiveness & Learning Support

Date