

BLUE MOUNTAIN COMMUNITY COLLEGE
OFFICE OF INSTRUCTION
COURSE INFORMATION GUIDE

New ___ Revised ___ DATE: _____

COURSE NUMBER: _____ **COURSE TITLE:** _____
DEPARTMENT: _____ **CREDITS:** _____ **REPEATABLE:** _____ Times
CIP# _____ **RECOMMENDED PREPARATION:** _____
COURSE PREREQUISITES: _____ **COREQUISITES:** _____
COURSE COMPETENCIES: Math _____ Writing _____ Other _____
COURSE HRS PER WEEK: LECTURE ___ LAB ___ LCT/LAB ___ CLINIC ___ ACTIVITY ___ TOTAL ___
COURSE TYPE: (Check only one)
 ___ LOWER DIVISION COLLEGIATE ___ VOCATIONAL PREPARATORY
 ___ VOCATIONAL SUPPLEMENTAL ___ SELF-IMPROVEMENT
 ___ DEVELOPMENTAL ___ NON-REIMBURSABLE

CREDIT MAY BE APPLIED TO: (Check all that apply)

___ ASSOCIATE OF ARTS ___ ASSOCIATE OF SCIENCE ___ ASSOCIATE OF APPLIED SCIENCE ___ ASSOCIATE OF GENERAL STUDIES ___ CERTIFICATE IN _____	→	With recommendation to meet distribution requirement in: ___ Gen. Ed. ___ Humanities ___ Social Science ___ Math/Science ___ Electives ___ Professional Technical Electives
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*COURSE INFORMATION GUIDES ARE DEVELOPED BY
 SUBJECT AREA FACULTY AND APPROVED BY THE ADMINISTRATION.*

BMCC INTERNAL COURSE/PROGRAM APPROVAL CHECKLIST

B. Instructor

1. Attach IPSI Syllabus and written justification.
2. Subject area review of proposed course.

Comments: _____
 Signature _____ Date _____

C. Office of Instruction

- _____
Date 1. Instructor discusses proposal with VP of Instruction.
 (If revisions are required, request returns to Step A1.)
- _____
Date 2. VP of Instruction notifies Oregon Department of Education (mandated)
 Comments: _____
- _____
Date 3. VP of Instruction approves request to forward to Curriculum Committee

VP of INSTRUCTION _____ **DATE** _____
BMCC is an equal opportunity educator and employee. Admin Procedure Ref IO-05-2003-0001 Rev. 08-11