|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Return completed form as needed to:  Statewide Course Numbering System  Florida Department of Education  325 West Gaines Street, **Room 1454**  Tallahassee, Florida 32399-0400  (850) 488-6402, SunCom 278-6402 | Florida Department of Education  Statewide Course Numbering System  COURSE TERMINATION OR CHANGE  TRANSMITTAL FORM | | | | |  |
|  | *(See instructions on reverse side)* | | | | |  |
| **PART I: TO BE COMPLETED BY THE INSTITUTION** | | | | | | |
| Institution | | | Institution Code | Instructional Unit or Department | | |
| **Current SCNS Course Identification:**  **Discipline (SMA) \_\_\_ \_\_\_ \_\_\_ Prefix \_\_\_ \_\_\_ \_\_\_ Level \_\_\_ Course Number \_\_\_ \_\_\_ \_\_\_ Lab Code \_\_**  **Institution's Course Title:** | | | | | | |
| **PART II: REQUESTED ACTIONS** | | | | | | |
| **Terminate Current Course** 🞎 **Yes Date Termination Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **NEW SCNS Course Identification: (Complete all appropriate areas)**  ***NEW* Discipline (SMA) \_\_\_ \_\_\_ \_\_\_ Prefix \_\_\_ \_\_\_ \_\_\_ Level \_\_\_ Course Number \_\_\_ \_\_\_ \_\_\_ Lab Code \_\_\_**  ***NEW* Institution Course Title (if applicable):**  **EFFECTIVE DATE FOR CHANGES: (Mo/Yr)** | | | | | | |
| Other Items to Change | | Change From | | | Change To | |
| Amount of Credit | |  | | |  | |
| Type of Credit | |  | | |  | |
| Total Clock Hours | |  | | |  | |
| Type of Degree | |  | | |  | |
| Gordon Rule | |  | | |  | |
| General Ed Requirement | | (areas) | | | (areas) | |
| Prerequisites/Corequisites | |  | | |  | |
| Change of Course Description (Course syllabus must be attached): | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  Name, Faculty Contact and Telephone Number Signature, Institution Contact Date | | | | | | |
| **PART III: TO BE COMPLETED BY FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE** | | | | | | |
| Approved Course Classification (Prefix, Number, Lab Code): | | | | | | |
| If not the same as recommended by institution, please explain: | | | | | | |
| SCNS Course Title (if new) | | | | | | |
| Decade Title (if new) | | | | | | |
| Century Title (if new) | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature, Faculty Discipline Committee Representative Date | | | | | | |
| **PART IV: SCNS STAFF USE ONLY** | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature, SCNS Staff Date Entered Correspondence Number | | | | | | |

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**COURSE TERMINATION OR CHANGE TRANSMITTAL FORM**

**Instructions for Completion of Parts I & II**

**The Course Termination or Change Transmittal Form is used for transmitting the following course information to the Statewide Course Numbering System (SCNS):**

**1. Prefixes and numbers of courses which will no longer be offered by the institution.**

**2. Additional course information to be recorded in the SCNS inventory.**

1. **Supporting documentation for review by the Faculty Discipline Coordinator for possible reassignment of prefix and course number.**

[NOTE: Major revisions in course content will require a new course number assignment. Please terminate the current course and add the new course.]

**All information requested on this form is necessary for the efficient and timely maintenance of the SCNS inventory. Thus, all items on Part I of this form must be completed before it is forwarded to the Florida Department of Education (DOE). An updated course syllabus must be attached in cases where course content has changed or a new prefix or number is requested.**

**Part I**

**The following instructions and definitions are provided to clarify items to be completed on the Course Termination or Change Transmittal Form.**

**Institution:** Normally, an institutional acronym is adequate. An institution having a non-unique acronym should provide the institution name.

**Institution Code:** Postsecondary institutions should indicate the Institution Code which can be obtained from the SCNS Institution Contact or the SCNS Handbook.

**Instructional Unit or Department:** Academic unit responsible for teaching the course.

**Current SCNS Course Identification**:

**Discipline (SMA):** A three digit code representing a broad Subject Matter Area. SCNS staff will enter this number if the appropriate number is not known.

**Prefix:** A three letter code indicating placement of a course within the discipline.

**Level:** A one digit code preceding the course number which indicates the level (e.g., freshman, sophomore, etc.) at which the course is to be taught. This number is to be recommended by the institution according to state and institution policy.

**Course Number:** A three digit code indicating the specific content of the course based on the SCNS taxonomy and course equivalency profiles.

**Lab Code:** This code is left blank if the course is a lecture course (has no laboratory component). The letter "C" may be used to indicate a combination of lecture and laboratory. An "L" indicates a laboratory course for which there may or may not be associated an associated lecture course.

**Institution's Course Title:** The title of the course as it appears in the catalog.

**Part II**

**Requested Actions**

**Terminate Current Course:** Check the “yes” box if the course is to be terminated and enter the effective date.

**Course Change Information:** If changes are to be made in a course's identification, list changes only. All changes may affect the course prefix and number. All changes are subject to approval of the appropriate Faculty Discipline Coordinator based on the SCNS taxonomy and classification system.

**Type of Degree:** V.C. - Vocational Certificate (PSAV), A.T.D. - Advanced Technology Diploma; T.C. - Technical Certificate, A.T.C. - Advanced Technical Certificate; A.A.S. - Associate in Applied Science; A.S. - Associate in Science; A.A. - Associate in Arts. For category of “Other”, describe the intended registrants: e.g., law enforcement officers, registered nurses, retail merchants, etc.

**Change of Course Description:** Provide a brief narrative description of the content of the course as it will appear in the catalog. A course syllabus including a course outline of major topics must be attached for changes to courses and changes to course content.

**Effective Date:** Provide month, day, and year of term in which the change or termination will be first effective.

**Name, Faculty Contact, and Telephone Number:** The name and telephone number of the person who can be contacted if there is a question concerning this course.

**Signature of Institution Contact:** All forms must be signed and dated by the institution's designated SCNS contact person.

**DO NOT COMPLETE** Parts III and IV.

Should you have questions concerning the completion of this form, please call your Institution Contact or call the SCNS staff at (850) 488-6402 or SunCom 278-6402.

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