



Compressed Course Approval Form

- All compressed courses need approval from the Dean before the course is built in Banner.
- The dean needs the compressed course approval form at least four weeks before registration opens.
- Each dean will work internally with their team about the time line required to meet this deadline.
- The dean needs to approve or deny the compressed course approval form two weeks before registration opens and have it uploaded into the G drive.

Course Number: _____ Number of Credits: _____

Course Title: _____

Department: _____

See the [Credit Crosswalk Form](#) for the required number of in-class and out-of-class minutes.

Number of Required in-class minutes: _____

Number of Required of out-of-class minutes: _____

Please name the department chair/faculty member who will be responsible for the assessment process and report.

Department Chair/Faculty Name: _____

E-mail: _____

Part I.

Please explain how the compressed format will provide an equivalent learning environment for the course content and learning outcomes as would a standard length course. Please attach your explanation to this form. You may include in that explanation how the compressed format directly benefits students, the institution, and/or our community partners.

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Your explanation must demonstrate that:

- a. There are consistent learning outcomes for the course when compared to the standard length format, *and*
- b. That there is consistency in assignment type, grading, quality, and length as compared to comparable full length courses at CCD or other institutions.

Please submit a plan for the inclusion of the compressed section in the broader discipline's course-level and program-level assessment process that directly addresses your rationale, the consistency of learning outcomes, and the consistency of assignment type, grading, quality, and length as compared to comparable full length courses at CCD or other institutions. Please attach your assessment plan to this form.

Please attach a sample syllabus and sample course calendar.

Semesters the course is proposed to be taught: *Initial Approval*

_____ Fall _____ Spring _____ Summer Academic Year: _____

All approving the Compressed Course, please attach any supplementary documents you feel would be beneficial.

Faculty Name: _____

Faculty Signature: _____ Date: _____

Chair's Name: _____

Chair's Signature: _____ Date: _____

Dean's Name: _____

Dean's Signature: _____ Date: _____

Office Administrator Checklist:

- File the signed form in the G Drive - CCD Common - Compressed Courses Folder.
- Verify the Part of Term.
- Create the course section.

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Part II: To be completed after the initial approval process.

Compressed Course Assessment Review

Each compressed course must be included in the department's course-level and/or program-level assessment process, beginning with its initial offering as a compressed course. The Dean and the Provost/Vice President for Academic Affairs together are required to review the assessment of the compressed course and make a recommendation. If you need assistance with data on next-level student outcomes or other assessment data, contact the Office of Institutional Research & Planning.

Date the course-level and/or program-level assessment was submitted to the Dean and Provost for review (please attach the assessment): _____.

Date the assessment review was completed (please attach the review): _____.

Decision

This course is approved to be taught in a compressed format for three years, until _____ . A new assessment will be required by _____ .

This course is approved to be taught in a compressed format for one more year, for these semesters: *Initial Approval*

_____ Fall _____ Spring _____ Summer Academic Year: _____

By this date, _____ a new assessment must be completed that addresses the concerns highlighted in the assessment review (attached).

This course is not approved to be taught in compressed format.

Deans Name: _____

Deans Signature: _____ Date: _____

Provost, Vice President for Academic Affairs Name: _____

Provost, Vice President for Academic Affairs Signature: _____

Date: _____

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Office Administrator Checklist:

- File the signed form, assessment, and assessment review in the G Drive, Common, Compressed Courses Folder.

- Original signed form, assessment, and assessment review given to the Department Chair for record keeping.