University of Hawaii Community Colleges
Proposal to Initiate, Modify, or Delete a Course

1. Type of Action
   □ A. Addition  □ Regular or □ Experimental or □ Other Temporary Entry
   □ B. Deletion (Archive in Banner)
   □ C. Modification: □ in credits □ in title □ in number or alpha
       □ in prerequisites or co-requisites □ Other

2. New Alpha, Number and Title: ___  3. Credits

4. Old Alpha, Number and Title: HIST 151 World Civilization I  5. Credits

6. New Catalog Description (underline changes if any):
   Temporary form: original missing, form requested from CCAAC.

7. Select box and type specific information in text box.
   □ Prerequisites □ Corequisites or
   □ Recommended Preparation

8. Student Contact Hours Per Week
   Lecture/Lab Lab Other (click to specify)

9. Proposed Date of First Offering
   Semester Year

10. This course □ is proposed for the Click for list Program. or □ can fulfill Click for list
    If Other, specify ___

11. This course ___ the number of credits required for the program/core.

12. Equivalent or similar courses offered in the UH System:

<table>
<thead>
<tr>
<th>Campus</th>
<th>Alpha, Number, Title</th>
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13. This course is (check one and click in appropriate textbox and provide details):
   □ Already articulated with ___
   Provide details of existing or desired articulation (date, college(s), purposes, pre-major, etc.) in this space:

   □ Appropriate for Articulation with ___
   Provide details of existing or desired articulation (date, colleges(s), purposes, pre-major or major, etc.) in this space:

   □ Not yet appropriate for Articulation.

NOTE: THIS PAGE IS A TEMPORARY PAGE WHICH SHOULD BE TOSSED WHEN THE CORRECT PAPERS HAVE BEEN RECEIVED.
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   - B. Deletion (Archive in Banner)
   - C. Modification: [ ] in credits [ ] in title [ ] in number or alpha
     [ ] in prerequisites or co-requisites [ ] Other

2. **New Alpha, Number and Title:** ___
3. **Credits**

4. **Old Alpha, Number and Title:** HIST 152 World Civilization II
5. **Credits**

6. **New Catalog Description (underline changes if any):**
   Temporary form: original missing, form requested from CCAAC.

7. **Select box and type specific information in text box.**
   - [ ] Prerequisites
   - [ ] Corequisites or
   - [ ] Recommended Preparation

8. **Student Contact Hours Per Week**
   - Lecture
   - Lecture/Lab
   - Lab
   - Other (click to specify)

9. **Proposed Date of First Offering**
   - Semester
   - Year

10. **This course [ ] is proposed for the Click for list Program.**
    or [ ] can fulfill Click for list

    If Other, specify ___

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CCCM #6100 (Amended for WCC use October 2002)