

ALC Revision

Major: _____

College: _____

Effective term and year revisions will take place: Term: _____ **Year** _____

Revisions requested in: (select all that apply)

Student Learning Outcomes (SLO)

Assessment of SLOs

Briefly describe the revision and include the revised language:

Rationale/Justification for the revision:

If SLO is checked – Describe the individual student assessments that will be used measure the revised SLO?

If Assessment is checked – How does this new assessment method address the SLOs? Which SLOs does this new assessment apply to?

If both checked: How do the assessment methods relate to the SLOs?

Please attach both the current ALC and the new, revised version.

Department Contact Name: _____ Telephone Number: _____ Email Address: _____ PO Box: _____

College Contact Name: _____ Telephone Number: _____ Email Address: _____ PO Box: _____
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