**INSTRUCTION SHEET**

This application is to be used by institutions to submit a course for review for possible equivalence to a particular MOTR. Please ensure you have completed the following tasks for submission:

* The application must be completed in its entirety to be accepted for review; any incomplete applications will be returned.
* Submit a syllabus, master syllabus, or your institution’s course information form along with this application. *Proposed courses will be reviewed by the appropriate MOTR faculty discipline group. Submitting this application does NOT automatically qualify a course for inclusion in the CORE 42.*
* This application must be signed by your chief academic officer prior to submission. **Please submit this signed application, syllabus, and any other pertinent documents to be considered to:** [**HE.CORE42@dhe.mo.gov**](mailto:HE.CORE42@dhe.mo.gov)**.**

**Additional Instructions:**

MOTR Course Information – see [*https://dhe.mo.gov/core42.php*](https://dhe.mo.gov/core42.php) for the complete APPROVED COURSE DATABASE

**MOTR Course Title:** Refers to the MOTR course title the proposed course is being submitted to for review (e.g. Introduction to Economics)

**MOTR Course Number:** Refers to the MOTR course prefix and number (e.g. MOTR ECON 100)

**Knowledge Area:** Please list only one knowledge area (Social and Behavioral Sciences; Humanities and Fine Arts, Natural Sciences, Mathematics, Communications). Courses with more than one Knowledge Area listed will not be reviewed.

***Institutional Course Information***

**IHE Course Name:** Refers to the title of the course at the higher education institution (e.g. Introduction to Psychology)

**IHE Course Number and Credit Hours:** Refers to the prefix and number at the higher education institution (e.g. PSYCH 101). Include lecture-to-lab credit hour distribution if course includes a lab.

**Prerequisites:** Typically, general education courses should be 100- or 200-level courses that have no additional prerequisites beyond admissions and placement requirements. Please list any other prerequisites for the proposed course, if applicable.

**IHE Course Description and Knowledge Area Competencies addressed:**  Please be specific in this category. The knowledge area competencies are posted at [*https://dhe.mo.gov/core42.php*](https://dhe.mo.gov/core42.php). In this area, do not only list which competencies that are addressed, but how the course meets the listed competencies.

**Academic Year: 2020-2021**

**Date Submitted for Review:**

**MOTR Course Information**

***Please complete this information for the MOTR number and knowledge area where you wish for the course to be added.***

**MOTR Course Title**

**MOTR Course Number**

**Knowledge**

**Area**

**Institution Course Information**

**IHE Course Name**

**IHE Course Number**

**Number of Credit Hours** (*include credit hour distribution if the course includes a lab component (2-1, 3-1, etc)*

**Does this course currently have a MOTR equivalent and you are requesting to change the student learning outcomes, course description, and/or requesting to move the course to another MOTR number or knowledge area?**

**Yes**

**No Skip to next question outside of this box.**

**If yes, what change(s) are you requesting?**

**Student learning outcomes (include new outcomes in box below)**

**Course Description (include new description in the box below)**

**Change MOTR number or knowledge area**

**What is the current MOTR number for the course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does this course have any prerequisites beyond admissions and/or placement criteria? No**

**If YES, what are the prerequisites?**

**Does this course serve as a prerequisite to another course? Yes No**

**If yes, what are the courses?**

**IHE Course Description:**

**Expected Student Learning Outcomes in the Course:**

*Upon completion of this course, the student will be able to (attach additional sheets if necessary):*

**Knowledge Area Competencies Addressed:**

*Specify which Knowledge Area Competencies, if any, are substantially addressed by this course and* ***HOW*** *they are addressed (attach additional sheets if necessary).*

**Required Signatures**

**Chief Academic Officer Signature**

**Institution**

**Contact Person (for additional information)**

**Email Phone**

**Please submit (in PDF) this signed application, syllabus, and any other pertinent documents to be considered to:** [**HE.CORE42@dhe.mo.gov**](mailto:HE.CORE42@dhe.mo.gov)**.**

*For additional information or questions, please contact Angelette Prichett, Director of Academic Programs and Initiatives, at* [*Angelette.Prichett@dhe.mo.gov*](mailto:Angelette.Prichett@dhe.mo.gov)*.*

***For FDG Use Only:***

**Approved (YES or NO):**

**Date Approved:**