**New Prefix Template**

**Colorado Community College Common Course Numbering System (CCCNS)**

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| --- | --- | --- | --- | --- |
| **Submitted by:** Point of Contact for this request | | **College:** | | **Date Submitted:** |
| **Prefix:** | **Prefix Title:** | | **CIP Code:** | |

* **Who will be the Discipline Chair:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Include a short description of the prefix:**
* **Who needs to be included in the discipline’s’ distribution list ( names and email addresses):**

* **Previous prefixes used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **What is the reason for the new discipline/prefix?**

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| **Please direct completed forms to:**  Jennie Gross, [jennie.gross@cccs.edu](mailto:jennie.gross@cccs.edu), 720-858-2368  Forms must be submitted by the Vice President of Instruction  Forms must be submitted by the 5th of each month to be posted to the Bulletin Board for that month.  **Please complete all fields - forms with blank/omitted fields will be returned.** |