Community-Based Learning (CBL) Course Designation Form

		ers and attribute	-	
Course Number:	Date of Init	Date of Initial Offering:		
			Semester	Year
Credit Hours:	For	mat: lecture	🗆 lab	□ other:
Frequency:	□ Each semester	□ Other: _		
Characteristics (check all th	nat apply):			
Is enrollment restricted to certain student(s)?		□ Yes	□ No	
* If yes, please name the grou	p(s) of students and pro	ovide a rationale	e below.	

Catalog Description (50-word maximum, should match catalog course description if an existing course):

Details of CBL-Related activities/project: (i.e., types of placement, projects, hours required, etc.):

* Please highlight these areas in the attached course syllabus.

List of CBL-related student learning outcomes and methods used to assess SLOs:

* Please highlight the student learning outcomes in the attached syllabus. Include sample assessment.

Details of CBL-related methodologies used in the course: (i.e. student reflection, assignments, site/community orientation, readings, etc.)?

* Please highlight methodologies in the attached syllabus. Include sample assignments and reflections.

Required Attachments:

Please attach the CBL Course Designation Proposal Signature Sheet and a syllabus with highlighted areas as indicated above. Please make sure to adhere to the guidelines posted on the CBL Office's website.