



**Course Modification – Existing Adult Ed/ESL Courses  
(Form 11D)**  
*(must be submitted with Form 11 as an attachment via CurricuNET)*

For More Information:  
ICCB, Associate Director for Program Compliance, Adult Education & Literacy

**Provider Name:** \_\_\_\_\_ **APC # & Code/5-Digit College #:** \_\_\_\_\_

**Instructional Category:** \_\_\_\_\_ **PCS Code:** \_\_\_\_\_ **CIP Number:** \_\_\_\_\_ **Fixed Enrollment:** \_\_\_\_\_ **Open Enrollment:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_ **Course Title:** \_\_\_\_\_

**Intensity and Duration** (Hrs. per Day/Days per Week/Number of Weeks): \_\_\_\_\_

**Population the Course is Expected to Serve:** \_\_\_\_\_

**Credit Hour Total:** \_\_\_\_\_

**Units of Instruction Minimum:** \_\_\_\_\_

**Times Course Can Be Repeated:** \_\_\_\_\_

**Fixed:** \_\_\_\_\_

**Units of Instruction Maximum:** \_\_\_\_\_

**Variable:** \_\_\_\_\_

(Include justification for variable credit hours.)

**Lecture Hours:** \_\_\_\_\_

**Incorporated Lab Hours:** \_\_\_\_\_

(Funding does not pay for separate lab sections.)

**Job Skills Incorporated:** \_\_\_\_\_

**Citizenship Only:** \_\_\_\_\_

**Math Only:** \_\_\_\_\_

**I-Pathways:** \_\_\_\_\_ *If yes...*

*Distance Education:* \_\_\_\_\_

*Hybrid:* \_\_\_\_\_

*As supplemental instruction:* \_\_\_\_\_

**Detailed Description of What is Being Changed and Why:**

**Bridge Course:** \_\_\_\_\_

(If yes, fill out form 11E in addition to this form.)

**Submitted By:** \_\_\_\_\_

Printed Name

Title

Phone

Signature

Date

E-Mail

**Approved:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_

**Not Approved:** \_\_\_\_\_

Printed Name

Title

**Date Received:** \_\_\_\_\_ **Process Date:** \_\_\_\_\_

Signature

Date