



SACRAMENTO
STATE

Course Change Proposal Form A

Academic Group (College): Education	Academic Organization (Department): Child Development	Date: 11/28/06
Type of Course Proposal: New ___ Change <input checked="" type="checkbox"/> Deletion ___	Department Chair: Karen Horobin	Submitted by: Karen Horobin
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <input checked="" type="checkbox"/>	For Catalog Copy: Yes ___ No <input checked="" type="checkbox"/> CCE: Yes ___ No <input checked="" type="checkbox"/>	Semester Effective: Fall ___ Spring <input checked="" type="checkbox"/> 2007

This course replaces experimental course Subject Area (prefix) and Catalog Number (course number):	
This Catalog Number (course number) is being replaced:	

Change from:

Subject Area (prefix) & Catalog No. (course no.): CHDV 194	Title: Cooperative Education Experience	Units: 3
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Change to:

Subject Area (prefix) & Catalog No. (course no.):	Title:	Units:
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JUSTIFICATION:

<p>The change in course activity code from "05" (seminar) to "36" (fieldwork) is requested to better reflect the requirements of the course and the instructor's supervisory responsibilities. This is a career-oriented apprenticeship course designed for students to acquire supervised experience in their chosen career field. Students register for 3 units of credit, and complete 60 hours of work in their field of choice (usually classroom settings, but may be clinical or counseling). Faculty provide preparatory training for students prior to beginning the field experience, and also work with site supervisors to offer continuous monitoring, supervision and evaluation of student engagement and participation at the community site.</p>

NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See <http://www.csus.edu/acaf/univmanual/crsp1.htm> - Guidelines for Catalog Course Description

Note:	
Prerequisite:	
Corequisite:	
CAN (California Articulation Number):	
Graded: Letter ___ Credit/No Credit <input checked="" type="checkbox"/>	Instructor Approval Required? Yes <input checked="" type="checkbox"/> No ___
Course Classification (e.g., lecture, lab, seminar, discussion): S36	Title for SIS+/CMS (not more than 30 characters) Cooperative Ed Experience
Cross Listed? Yes ___ No <input checked="" type="checkbox"/>	If yes, do they meet together and fulfill the same requirement, and what is the other course.
How Many Times Can This Course be Taken for Credit? 4	
Can the course be taken for Credit more than once during the same term? Yes ___ No <input checked="" type="checkbox"/>	

FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:

Description of the Expected Learning Outcomes: Describe outcomes using the following format: “Students will be able to: 1), 2), etc.” See the example at <http://www.csus.edu/acaf/example.htm>

**Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.

Assessment Strategies: A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

For whom is this course being developed?

Majors in the Dept Majors of other Depts Minors in the Dept General Education Other

Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes No

If yes, identify program(s):

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes No

If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any). _____

The Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form.

Approvals: If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

Signatures:

Date

Department Chair:	
College Dean or Associate Dean:	
CPSP (for school personnel courses ONLY)	
Associate Vice President and Dean for Academic Programs	

Distribution: Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.