



SACRAMENTO
STATE

Course Change Proposal Form A



Academic Group (College): NSM	Academic Organization (Department): Biological Sciences	Date: March 8, 2007
Type of Course Proposal: New ___ Change <input checked="" type="checkbox"/> Deletion ___	Department Chair: Nick Ewing	Submitted by: Nick Ewing
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <input checked="" type="checkbox"/>	For Catalog Copy: Yes <input checked="" type="checkbox"/> No ___ CCE: Yes ___ No <input checked="" type="checkbox"/>	Semester Effective: Fall 07 ___ Spring ___, 20__

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.): Bio 131A	Title: Advanced Problems in Physiology	Units: 1.0
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Change to:

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

This proposal is to change the course from Graded to Credit/No Credit. This course is designed to be a peer-taught course. As a result, there is no opportunity for a faculty member (or anyone who is not an undergraduate) to assess the outcomes. For this reason, attendance and participation are heavily weighted in the course syllabus, and it is more appropriate that these be graded on a Cr/NC basis

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

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Note:	
Prerequisite:	
Corequisite:	
CAN (California Articulation Number):	
Graded: Letter ___ Credit/No Credit <input checked="" type="checkbox"/>	Instructor Approval Required? Yes ___ No <input checked="" type="checkbox"/>
Course Classification (e.g., lecture, lab, seminar, discussion):	Title for SIS+/CMS (not more than 30 characters)
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? 1___	
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>

[Empty box for Description of the Expected Learning Outcomes]

****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:

[Empty box for Assessment Strategies]

For whom is this course being developed?

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

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

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 X

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

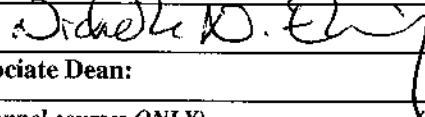

Indicate which department or programs will be affected by the proposed course (if any). _____

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: 	3/26/07
College Dean or Associate Dean: 	4/9/07
CPSP (for school personnel courses ONLY)	
Associate Vice President and Dean for Academic Programs	

CONDITIONAL APPROVAL

4/12/07

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.