



SACRAMENTO
STATE

Course Change Proposal Form A



Academic Group (College): Education	Academic Organization (Department): Child Development	Date: 4/19/07
Type of Course Proposal: New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Deletion <input type="checkbox"/>	Department Chair: Karen Horobin	Submitted by: Kristen Alexander
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	For Catalog Copy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CCE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Semester Effective: Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> 2008 <input type="checkbox"/>

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 504	Title: Culminating Experience: Child Development	Units: 3
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Change to:

Subject Area (prefix) & Catalog No. (course no.):	Title: Culminating Experience in Child Development: Thesis or Project Option	Units:
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JUSTIFICATION:

We are proposing adding additional options for the culminating experience, which makes it necessary to differentiate between the thesis/project option (CHDV 504) and the new exam option (CHDV 505). The current proposal changes the name to specify the option in which a student is enrolling.

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

Guidance toward completion of thesis or project option for the MA, Child Development program. Credit is given upon successful completion of a thesis, project, or other approved culminating experience. Open only to the graduate student who has been advanced to candidacy for the Master's degree and has secured the permission of his/her faculty advisor and the Department Chair one full semester prior to registration.

Note:

Prerequisite: Admission to MA, Child Development program or instructor permission.

Corequisite:

CAN (California Articulation Number):

Graded: Letter <input type="checkbox"/> Credit/No Credit <input type="checkbox"/>	Instructor Approval Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Course Classification (e.g., lecture, lab, seminar, discussion):	Title for SIS+/CMS (not more than 30 characters) Culminating Exp CHDV Exam
Cross Listed? Yes <input type="checkbox"/> No <input 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? <u>2</u>	
Can the course be taken for Credit more than once during the same term? Yes <input type="checkbox"/> 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): Required only if choose the exam option

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.


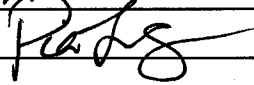
Indicate which department or programs will be affected by the proposed course (if any). _____

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: 	8/29/07
College Dean or Associate Dean: 	8/30/07
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.