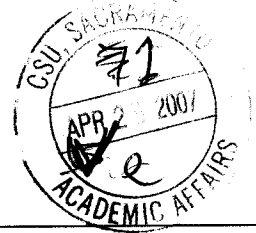




SACRAMENTO
STATE

Course Change Proposal Form A



Academic Group (College): Arts & Letters	Academic Organization (Department): Communication Studies	Date: 3-12-07
Type of Course Proposal: New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Deletion <input type="checkbox"/>	Department Chair: Nicholas Burnett	Submitted by: Maggie Fuchs
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"/>, 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.): ComS 151	Title: Visual Communication	Units: 3
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Change to:

Subject Area (prefix) & Catalog No. (course no.): ComS 164	Title: Visual Communication	Units: 3
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JUSTIFICATION:

We are renumbering ComS 151 to ComS 164, adding ComS 100B as a prerequisite and removing ComS 100A as a prerequisite.

Because we are adding this course as an alternative research methods course, we would like to renumber it in the 160's, and 164 is the only such number available. As a research course, we need to add ComS 100B, Critical Analysis of Messages, as a prerequisite.

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)

No Change.	
Note:	
Prerequisite: ComS 100B or equivalent, with a grade of C- or better	
Corequisite:	
CAN (California Articulation Number):	
Graded: Letter <input checked="" type="checkbox"/> Credit/No Credit <input type="checkbox"/>	Instructor Approval Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Course Classification (e.g., lecture, lab, seminar, discussion): 04	Title for SIS+/CMS (not more than 30 characters) Visual Communication
Cross Listed? Yes <input type="checkbox"/> 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? <u>Once</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/acad/example.htm>

Students will be able to:

****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 X 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:	<i>NF Burnett</i>	3-5-07
College Dean or Associate Dean:	<i>David M. Jodan</i>	4-25-07
CPSP (for school personnel courses ONLY)		
Associate Vice President and Dean for Academic Programs	CONDITIONAL APPROVAL	

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.