



SACRAMENTO
STATE

Course Change Proposal Form A



Academic Group (College): Education	Academic Organization (Department): Bilingual/Multicultural Education	Date: September 18, 2007
Type of Course Proposal: New ___ Change ___ Deletion <u>X</u>	Department Chair: Dr. Nadeen Ruiz	Submitted by: Dr. Adele Arellano, BMED Graduate Program Coordinator
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <u>X</u>	For Catalog Copy: Yes <u>X</u> No ___ CCE (Extension): Yes ___ No ___	Semester Effective: Fall <u>X</u> Spring __, 2008 __

This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

Change from:

Subject Area (prefix) & Catalog Nbr (course no.): EDBM 200	Title: Pro-seminar in Bilingual and Multicultural Education	Units: 1.0
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Change to:

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

Courses in the department's graduate program have been revised or deleted in order to more appropriately meet the needs of our students. The justification for dropping EDBM 200 from both the Teacher Leader and Non-Traditional Educators Pathways is primarily fiscal. Our program was originally designed so that candidates enroll in 6 units a semester, except for the first semester when the seminar was offered. The extra unit required students to pay increased fees and student feedback indicated this was a financial hardship.

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)

Note:

Prerequisite:

Enforced at Registration: Yes ___ No ___

Corequisite:

Enforced at Registration: Yes ___ No ___

CAN (California Articulation Number):

Graded: Letter ___ Credit/No Credit ___

Instructor Approval Required? Yes ___ No ___

Course Classification (e.g., lecture, lab, seminar, discussion):

Title for CMS (not more than 30 characters)

Cross Listed?

Yes ___ No ___

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? _____

Can the course be taken for Credit more than once during the same term? Yes ___ No ___

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.

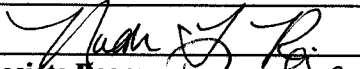
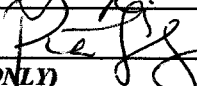
Indicate which department or programs will be affected by the proposed course (if any). _____

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: 	9-20-07
College Dean or Associate Dean: 	9/20/07
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.