



SACRAMENTO  
STATE

# Course Change Proposal Form A



Academic Group (College): <b>A&amp;L</b>	Academic Organization (Department): <b>History</b>	Date: <b>SEP 24 2007</b>
Type of Course Proposal: New ___ Change <b>X</b> Deletion ___	Department Chair: <b>Chris Castaneda</b>	Submitted by: <b>Chris Castaneda</b>
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes <b>x</b> No ___	For Catalog Copy: Yes <b>x</b> No ___ CCE (Extension): Yes ___ No ___	Semester Effective: Fall <b>x</b> Spring ___, 2007__

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

**Change from:**

Subject Area (prefix) & Catalog Nbr (course no.): <b>Hist 198</b>	Title: <b>Summative Assessment for Teachers</b>	Units: <b>1-3</b>
--	--	----------------------

**Change to:**

Subject Area (prefix) & Catalog Nbr (course no.): <b>Hist 198</b>	Title: <b>Summative Assessment for Teachers</b>	Units: <b>3</b>
--	--	--------------------

**JUSTIFICATION:**

There are three non-substantive changes to this course are:

- 1) This should be a graded course. By error, it was originally proposed as a credit/no credit course. Students who complete this course need to receive a grade.
- 2) This course was originally proposed as having variable credit units (1-3), but this has proved confusing to students and difficult to administer. The course is taught as a 3 unit course. It should be changed to 3 units.
- 3) Hist 100 should be listed as a co-requisite (taken before or along with Hist 198).

-- All other course features are the same as those previously approved.

**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)

(Same)

Note:

Prerequisite:

Enforced at Registration: Yes **x** No

Corequisite:

Enforced at Registration: Yes **x** No

CAN (California Articulation Number):

Graded: Letter **x** Credit/No Credit \_\_\_

Instructor Approval Required? Yes \_\_\_ No **x**

Course Classification (e.g., lecture, lab, seminar, discussion):  
**36**

Title for CMS (not more than 30 characters) ---- Same as previous:  
**Sum Assess Teachers**

Cross Listed?

Yes \_\_\_ No **x**

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 \_\_\_

**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>

(same)

**\*\*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:

(same)

**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 for precredentialed program

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

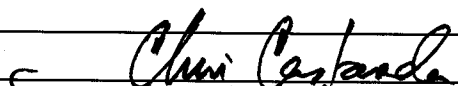
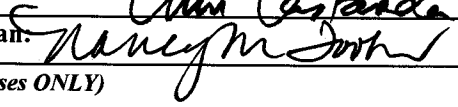
If yes, attach a description of resources needed and verify that resources are available.

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: 	9/7/07
College Dean or Associate Dean: 	9-21-07
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.