



SACRAMENTO
STATE

Course Change Proposal Form A



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|---|---|---|
| Academic Group (College): ECS | Academic Organization (Department): Computer Engineering | Date: 09-12-07 |
| Type of Course Proposal: New ___ Change <u>X</u> Deletion ___ | Department Chair: Dr. Suresh Vadhva | Submitted by: Dr. Suresh Vadhva |
| 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: Yes ___ No <u>X</u> | Semester Effective: Fall <u>X</u> Spring __, 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.): CpE 299 | Title: Special Problems | Units: 1-3 |
|---|-----------------------------------|----------------------|

Change to:

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

JUSTIFICATION:

The course objectives vary by student and instructor. Some projects require satisfactory or unsatisfactory competence, while others require a specific level of achievement due to the complexity of a project. Therefore, grading should be changed to letter designation.

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: consent of the instructor | |
| Corequisite: | |
| CAN (California Articulation Number): | |
| Graded: Letter <u>X</u> Credit/No Credit ___ | Instructor Approval Required? Yes <u>X</u> No ___ |
| Course Classification (e.g., lecture, lab, seminar, discussion): Independent Study | Title for SIS+/CMS (not more than 30 characters) Special Problems |
| Cross Listed? Yes ___ No <u>X</u> | 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>5</u> | |
| Can the course be taken for Credit more than once during the same term? Yes <u>X</u> 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: <i>Suresh Vealhar</i> | 9/20/2007 |
| College Dean or Associate Dean: <i>John Olenburg</i> | 11/16/07 |
| CPSP (for school personnel courses <i>ONLY</i>) | |
| 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.