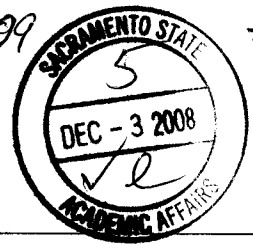




SACRAMENTO STATE

Course Change Proposal Form A

SPHP 08-09



#11

Academic Group (College): College of Health & Human Services	Academic Organization (Department): Speech Pathology & Audiology	
Type of Course Proposal: New ___ Change <u>X</u> Deletion ___	Department Chair: Laureen O'Hanlon	Submitted by: Laureen O'Hanlon
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <u>x</u>	For Catalog Copy: Yes ___ No <u>x</u> For CMS workload purposes only CCE (Extension): Yes ___ No <u>x</u>	Semester Effective: Fall ___ Spring <u>X</u> , 2009 ___

This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):	
If changing an existing course, should new version be considered a repeat of the original version? If so, the same Course ID will be maintained. If not, a new Course ID will be assigned. Note: In PeopleSoft terminology, the Course ID is the unique system identifier, not the Catalog Nbr.	Yes <u>X</u> No ___

Change from:

Subject Area (prefix) & Catalog Nbr (course no.): SPHP 241S	Title: Practice: Hearing Screenings.	Units: 4
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Change to:

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

The department has evaluated the workload for supervising interns in the hospital setting and determined that the workload for the faculty is not more than 1 hour per week for the semester. The department discussed this with the Dean and agreed to adjust the course classification from S3 where the workload is .5 WTU per student (1.5 hours instructional time per student per week) to S2 where the workload is .33 WTU per student (1 hour instructional time per student).

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

No change	
Note: Course ID 165156	
Prerequisite: instructor permission Enforced at Registration: Yes <u>x</u> No ___	
Corequisite: Enforced at Registration: Yes ___ No ___	
Graded: Letter ___ Credit/No Credit <u>x</u> ___	Instructor Approval Required? Yes <u>x</u> No ___
Course Classification (e.g., lecture, lab, seminar, discussion): S-2	Title for CMS (not more than 30 characters)
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>1</u>	
Can the course be taken for Credit more than once during the same term? Yes ___ No <u>x</u> ___	

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/afac/example.htm>

No change

****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:

No change

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: 	12-3-08
College Dean or Associate Dean: 	12-3-08
CPSP (for school personnel courses ONLY)	
Associate Vice President and Dean for Academic Programs	

CONDITIONAL

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.

APPROVAL
12/5/08