



SACRAMENTO  
STATE

# Course Change Proposal Form A



<b>Academic Group (College): Education</b>	<b>Academic Organization (Department): Child Development</b>	<b>Date: 3/1/09</b>
<b>Type of Course Proposal: New ___ Change <u>X</u> Deletion ___</b>	<b>Department Chair: Karen O'Hara</b>	<b>Submitted by: Sheri Hembree</b>
<b>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <u>X</u></b>	<b>For Catalog Copy: Yes <u>x</u> No ___ CCE: Yes ___ No <u>x</u></b>	<b>Semester Effective: Fall <u>x</u> Spring ___, 2009 ___</b>

<b>This course replaces experimental course Subject Area (prefix) and Catalog Number (course number):</b>	
<b>This Catalog Number (course number) is being replaced:</b>	

**Change from:**

<b>Subject Area (prefix) &amp; Catalog No. (course no.): CHDV 505</b>	<b>Title: Culminating Experience: CHDV Exam</b>	<b>Units: 3</b>
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**Change to:**

<b>Subject Area (prefix) &amp; Catalog No. (course no.):</b>	<b>Title:</b>	<b>Units:</b>
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**JUSTIFICATION:**

The Child Development Department has approved a Comprehensive Exam Option for its MA program. We propose to change the Culminating Exam course (CHDV 505) to include an additional prerequisite, completion of a new course, CHDV 292. This course is designed to assist students as they prepare for the exam. We believe the requiring this as a prerequisite will provide necessary academic and social support for students and improve student performance on the exam. No other changes to the course are proposed.

**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)**

<b>Note:</b>	
<b>Prerequisite:</b> CHDV 292 (Seminar for Culminating Exam), or instructor permission.	
<b>Corequisite:</b>	
<b>CAN (California Articulation Number):</b>	
<b>Graded: Letter ___ Credit/No Credit <u>x</u></b>	<b>Instructor Approval Required? Yes ___ No ___</b>
<b>Course Classification (e.g., lecture, lab, seminar, discussion):</b>	<b>Title for SIS+/CMS (not more than 30 characters) Culminating Sem CHDV Exam</b>
<b>Cross Listed? Yes ___ No <u>X</u></b>	<b>If yes, do they meet together and fulfill the same requirement, and what is the other course.</b>
<b>How Many Times Can This Course be Taken for Credit? _____</b>	
<b>Can the course be taken for Credit more than once during the same term? Yes ___ No <u>x</u></b>	

**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.

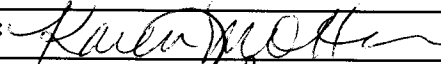
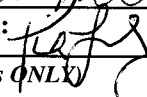
Indicate which department or programs will be affected by the proposed course (if any). \_\_\_\_\_

*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: 	3/27/09
College Dean or Associate Dean: 	3/27/09
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.