



SACRAMENTO  
STATE

# Course Change Proposal Form A



<b>Academic Group (College):</b> Arts & Letters	<b>Academic Organization (Department):</b> English	<b>Date:</b> 2/18/09
<b>Type of Course Proposal:</b> New ___ Change <u>x</u> Deletion ___	<b>Department Chair:</b> Sheree L. Meyer	<b>Submitted by:</b> Doug Rice
<b>Does this course fulfill a requirement for single-subject or multiple subject credential students?</b> Yes ___ No <u>x</u>	<b>For Catalog Copy:</b> Yes ___ No <u>x</u> <b>CCE (Extension):</b> Yes ___ No <u>x</u>	<b>Semester Effective:</b> Fall <u>x</u> Spring __, 20_09__

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

**Change from:**

<b>Subject Area (prefix) &amp; Catalog Nbr (course no.):</b> Engl 230E	<b>Title:</b> Writing and Theorizing Memoir	<b>Units:</b> 3
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**Change to:**

<b>Subject Area (prefix) &amp; Catalog Nbr (course no.):</b> Engl 230E	<b>Title:</b> Writing and Theorizing Memoir	<b>Units:</b> 3
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**JUSTIFICATION:**

The Creative Writing concentration in the MA in English must be flexible enough despite a limited number of course offerings to support its requirements; therefore, students must be able to repeat multiple times each of the graduate seminars. Furthermore, the assumption is that each time the student takes a creative writing seminar, the assignments will vary and the creative work produced will be new and different from previous courses. The Creative Writing faculty will supervise and advise students appropriately to ensure that each repeat will be a distinct academic experience.

Therefore, this petition asks that the number of times this course can be taken for credit be changed from 2 to unlimited, subject to department review and approval.

No other changes to this course.

**NEW COURSE DESCRIPTION:** (Not to exceed 80 words, and language should conform to catalog copy. See <http://www.csus.edu/umannual/AcadAff/FSC00060.htm> - Guidelines for Catalog Course Description)

NO CHANGE

<b>Note:</b>	
<b>Prerequisite:</b> Enforced at Registration: Yes ___ No ___	
<b>Corequisite:</b> Enforced at Registration: Yes ___ No ___	
<b>CAN (California Articulation Number):</b>	
<b>Graded:</b> Letter ___ Credit/No Credit ___	<b>Instructor Approval Required?</b> Yes ___ No ___

<b>Course Classification</b> (e.g., lecture, lab, seminar, discussion):	<b>Title for CMS</b> (not more than 30 characters)
<b>Cross Listed?</b> Yes ___ No ___	<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> _unlimited subject to departmental approval_____	
<b>Can the course be taken for Credit more than once during the same term?</b> 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/acaf/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 \_\_\_

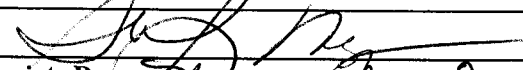
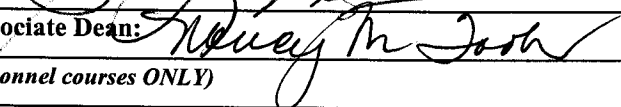
If yes, attach a description of resources needed and verify that resources are available.

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: 	2/20/09
College Dean or Associate Dean: 	3-3-09
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.