



SACRAMENTO  
STATE

# Course Change Proposal Form A



Academic Group ( <i>College</i> ): <b>A&amp;L</b>	Academic Organization ( <i>Department</i> ): <b>HIST</b>	Date: <b>Feb. 27, 2009</b>
Type of Course Proposal: New ___ Change <u>X</u> Deletion ___	Department Chair: <b>Chris Castaneda</b>	Submitted by: <b>Castaneda</b>
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes <u>X</u> No ___	For Catalog Copy: Yes ___ No ___ CCE ( <i>Extension</i> ): Yes ___ No ___	Semester Effective: Fall <u>X</u> Spring ___, 2009__

This course replaces experimental course Subject Area ( <i>prefix</i> ) and Catalog Nbr ( <i>course number</i> ):	
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 ( <i>prefix</i> ) & Catalog Nbr ( <i>course no.</i> ): HIST <u>198</u>	Title: <b>Summative Assessment for Teachers</b>	Units: <b>3</b>
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**Change to:**

Subject Area ( <i>prefix</i> ) & Catalog Nbr ( <i>course no.</i> ): HIST <u>198</u>	Title: <b>Summative Assessment for Teachers</b>	Units: <b>3</b>
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**JUSTIFICATION:**

This change proposal is only for changing the Hist 198 course classification from S36 to C5. The S36 designation was incorrectly applied to this course when it was first proposed. This course is taught as a seminar, and it is the single subject matter program equivalent seminar to our existing Hist 197 senior research seminar required for History majors in the standard track.

**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:	
Prerequisite: Enforced at Registration: Yes ___ No ___	
Corequisite: Enforced at Registration: Yes ___ No ___	
Graded: Letter ___ Credit/No Credit ___	Instructor Approval Required? Yes ___ No ___
Course Classification ( <i>e.g., lecture, lab, seminar, discussion</i> ): C5 (see justification above)	Title for CMS (not more than 30 characters)
Cross Listed? Yes ___ No ___	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? _____	
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), ..." 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

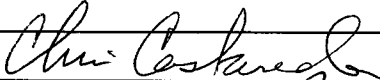
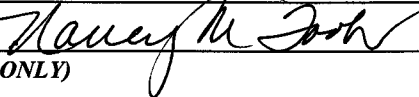
If yes, attach a description of resources needed and verify that resources are available.

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: 	2/27/09
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.