



SACRAMENTO
STATE

Course Change Proposal Form A



Academic Group (College): SSIS	Academic Organization (Department): PSYCHOLOGY	Date: APRIL 1, 2009
Type of Course Proposal: New ___ Change <input checked="" type="checkbox"/> Deletion ___	Department Chair: BRUCE BEHRMAN	Submitted by: MARYA ENDRIGA
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <input checked="" type="checkbox"/>	For Catalog Copy: Yes <input checked="" type="checkbox"/> No ___ CCE (Extension): Yes ___ No <input checked="" type="checkbox"/>	Semester Effective: Fall ___ Spring <input checked="" type="checkbox"/> , 2010 ___

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 <input checked="" type="checkbox"/> No ___

Change from:

Subject Area (prefix) & Catalog Nbr (course no.): PSYC 110	Title: COGNITIVE PSYCHOLOGY	Units: 3
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Change to:

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

This proposal changes the course prerequisites to replace obsolete course(s) PSYC 1 and/or PSYC 5 with a new course PSYC 2 (Introductory Psychology). This change is accompanied by a new course proposal for PSYC 2 and a program change proposal (Form B) that provides further rationale for the proposed changes to the major.

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)

PSYC 110. Cognitive Psychology. Examination of the basic concepts of cognitive psychology, including sensory storage, pattern recognition, attention, short-term memory, long-term memory, visual imagery, semantic memory structure, text processing, problem solving and decision-making. The relations among artificial intelligence, mental modeling, and the simulation of cognitive processes will also be explored.

Note:

Prerequisite: PSYC 2; PSYC 8, PSYC 101 recommended

Enforced at Registration: Yes ___ No

Corequisite:

Enforced at Registration: Yes ___ No ___

Graded: Letter Credit/No Credit ___

Instructor Approval Required? Yes ___ No

Course Classification (e.g., lecture, lab, seminar, discussion):

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? ___ 1 ___

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), etc."
See the example at <http://www.csus.edu/acaf/example.htm>

N/A

****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:

N/A

For whom is this course being developed? N/A

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 ___

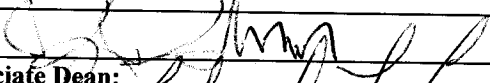

If yes, attach a description of resources needed and verify that resources are available.

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: 	2/22/09
College Dean or Associate Dean: 	4/27/09
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.