



SACRAMENTO
STATE

Course Change Proposal Form A

08-09 #18

Approved



Academic Group (College): Health and Human Services	Academic Organization (Department): Recreation, Parks and Tourism Administration	Date: March 24, 2009
Type of Course Proposal: New ___ Change ___ Deletion <u>X</u>	Department Chair: Dana Kivel, Ph.D.	Submitted by: Beth Erickson, Ph.D.
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <u>X</u>	For Catalog Copy: Yes <u>X</u> No ___ CCE (Extension): Yes ___ No <u>X</u>	Semester Effective: Fall <u>09</u> Spring __, 20__

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 ___ No ___

Change from:

Subject Area (prefix) & Catalog Nbr (course no.): RPTA 137	Title: Community Organization	Units: 03
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Change to:

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

The Department of Recreation, Parks and Tourism Administration wants to eliminate RPTA 137, Community Organization. This course has not been taught in recent years because the curriculum is a duplication of what is offered in RPTA 136, Leisure Program Planning. The Department has no need to offer this course due to it's duplication in course content.

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)

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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 (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? _____

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>

****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 ___

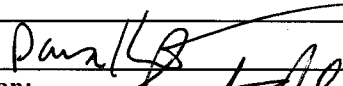

If yes, attach a description of resources needed and verify that resources are available.

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:

Signatures:	Date
Department Chair: 	3/27/09
College Dean or Associate Dean: 	4/10/09
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.