



SACRAMENTO
STATE

Course Change Proposal Form A



Academic Group (<i>College</i>): Education	Academic Organization (<i>Department</i>): EDS	Date: 2/25/09
Type of Course Proposal: New ___ Change <u>X</u> Deletion ___	Department Chair: Bernice Bass de Martinez	Submitted by: Donald A. Grushkin
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 (<i>Extension</i>): Yes ___ No <u>X</u>	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>): EDS 155	Title: American Sign Language 5	Units: 4
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Change to:

Subject Area (<i>prefix</i>) & Catalog Nbr (<i>course no.</i>): EDS 155	Title: American Sign Language 5	Units: 4
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JUSTIFICATION:

There were a number of erroneous additions to the prerequisites for this course in the course catalog; this change aims to correct these errors.

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)

Students will build upon communicative skills developed in EDS 154 to develop and expand on their abilities to discuss parts of the body and health conditions, tell a personal narrative about themselves and moments in theirs and others' lives, as well as to retell and translate simple stories into ASL. Prerequisite: EDS 154 or permission of instructor.

Note:

Prerequisite: EDS 154;
Enforced at Registration: Yes X No ___

Corequisite: EDS 163
Enforced at Registration: Yes ___ No X

Graded: Letter X Credit/No Credit ___

Instructor Approval Required? Yes ___ No X

Course Classification (*e.g., lecture, lab, seminar, discussion*):
Lecture-Discussion

Title for CMS (not more than 30 characters)
ASL 5

Cross Listed?
Yes ___ No X

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 X

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

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****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:

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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): Deaf Studies (Major, Minor, Certificate)

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

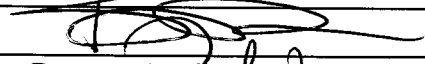
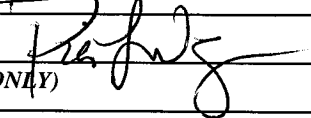
If yes, attach a description of resources needed and verify that resources are available.

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: 	7/9/09
College Dean or Associate Dean: 	7/9/09
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.