



SACRAMENTO
STATE

Course Change Proposal Form A



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| Academic Group (<i>College</i>): Education | Academic Organization (<i>Department</i>): EDS | Date: 2/25/08 |
| 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__ |

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| 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:

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| Subject Area (<i>prefix</i>) & Catalog Nbr (<i>course no.</i>): EDS 151 | Title: American Sign Language 1 | Units: 3 |
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Change to:

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| Subject Area (<i>prefix</i>) & Catalog Nbr (<i>course no.</i>): EDS 51 | Title: American Sign Language 1 | Units: 3 |
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JUSTIFICATION:

ASL 1 has long been classified as a lower-division course, and has been articulated with a number of junior IHEs as such. However, its current numbering has consistently created confusion about the status of this course. This renumbering is being done to eliminate this element of ambiguity.

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 learn basic vocabulary and grammar of American Sign Language. Upon completion of this course, students will be able to exchange basic information about themselves and their families such as their names, where they live, and their interests. Through out-of-class readings, in-class discussions and demonstrations, and experiences within the Deaf community, students will be exposed to elements of the Deaf culture and community. Course will be conducted in ASL without voice.

Note:

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| Prerequisite: Enforced at Registration: Yes ___ No ___ | |
| Corequisite: Enforced at Registration: Yes ___ No ___ | |
| Graded: Letter <u>X</u> Credit/No Credit ___ | Instructor Approval Required? Yes ___ No <u>X</u> |
| Course Classification (<i>e.g., lecture, lab, seminar, discussion</i>): Lecture-Discussion | Title for CMS (not more than 30 characters): ASL 1 |
| Cross Listed? Yes ___ No <u>X</u> | 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? <u>1</u> | |
| Can the course be taken for Credit more than once during the same term? 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

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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.

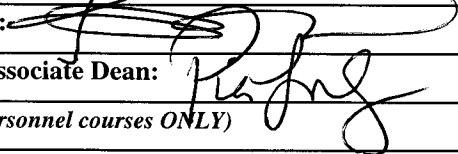
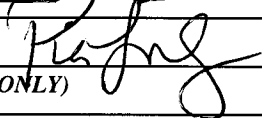
Indicate which department or programs will be affected by the proposed course (if any). _____

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

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| Department Chair:  | AP 2009 |
| 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.