# Course Change Proposal

## Form A

<table>
<thead>
<tr>
<th>Academic Group (College): Education</th>
<th>Academic Organization (Department): Child Development</th>
<th>Date: 3/1/09</th>
</tr>
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<tbody>
<tr>
<td><strong>Type of Course Proposal:</strong></td>
<td><strong>Department Chair:</strong> Karen O’Hara</td>
<td><strong>Submitted by:</strong> Sheri Hembree</td>
</tr>
<tr>
<td>New <em>X</em> Change <em>X</em> Deletion ____</td>
<td>For Catalog Copy: Yes <em>x</em> No <em>x</em></td>
<td>Semester Effective: Fall <em>x</em> Spring __, 2009</td>
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<tr>
<td>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes <em>X</em> No <em>x</em></td>
<td>CCE: Yes <em>x</em> No <em>x</em></td>
<td></td>
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This course replaces experimental course **Subject Area (prefix) and Catalog Number (course number):**

This Catalog Number (course number) is being replaced:

### Change from:

| Subject Area (prefix) & Catalog No. (course no.): CHDV 505 | Title: Culminating Experience: CHDV Exam | Units: 3 |

### Change to:

| Subject Area (prefix) & Catalog No. (course no.): | Title: | Units: |

### JUSTIFICATION:

The Child Development Department has approved a Comprehensive Exam Option for its MA program. We propose to change the Culminating Exam course (CHDV 505) to include an additional prerequisite, completion of a new course, CHDV 292. This course is designed to assist students as they prepare for the exam. We believe the requiring this as a prerequisite will provide necessary academic and social support for students and improve student performance on the exam. No other changes to the course are proposed.

### NEW COURSE DESCRIPTION:

(Not to exceed 80 words, and language should conform to catalog copy. See http://www.csus.edu/acaf/univmanual/crspsl.htm - Guidelines for Catalog Course Description)

### Note:

Prerequisite: CHDV 292 (Seminar for Culminating Exam), or instructor permission.

Corequisite:

CAN (California Articulation Number):

Graded: Letter _____ Credit/No Credit _x_  Instructor Approval Required? Yes _x_ No _x_

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

Title for SIS+/CMS (not more than 30 characters)

Culminating Sem CHDV Exam

Cross Listed? Yes _x_ 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? __________

Can the course be taken for Credit more than once during the same term? Yes _x_ 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 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: 3/07/09
Department Chair:

______________________________ Date: 3/09/09
College Dean or Associate Dean:

______________________________ Date: 3/09/09
CPSP (for school personnel courses ONLY)

______________________________ Date: 3/09/09
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.