**Course Change Proposal**  
**Form A**

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Education</td>
<td>Special Ed, Rehab, School Psych &amp; Deaf Studies</td>
<td>March 2, 2009</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Course Proposal:</th>
<th>Department Chair:</th>
<th>Submitted by:</th>
</tr>
</thead>
</table>
| New ___ Change X Deletion ___ | Bernice Bass de Martinez | JoAnn Aguirre  
Jill Matsueda |

<table>
<thead>
<tr>
<th>Does this course fulfill a requirement for single-subject or multiple subject credential students?</th>
<th>For Catalog Copy:</th>
<th>Semester Effective:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ___ No X</td>
<td>Yes X No</td>
<td>Fall X Spring __, 2009</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Change from:</th>
<th>Change to:</th>
</tr>
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<tbody>
<tr>
<td><strong>Subject Area (prefix) &amp; Catalog Nbr (course no.):</strong></td>
<td><strong>Subject Area (prefix) &amp; Catalog Nbr (course no.):</strong></td>
</tr>
<tr>
<td>EDS 105</td>
<td><strong>Title:</strong> Advanced Instructional Design, Program Evaluation and Leadership in Vocational/Technical/Adult/Applied Academics Education</td>
</tr>
<tr>
<td><strong>Units:</strong></td>
<td><strong>Units:</strong></td>
</tr>
<tr>
<td>3</td>
<td></td>
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**JUSTIFICATION:**

The proposed changes to the degree title of Bachelor of Career and Technical Studies (BCTS) and course titles will better align with the goals set forth by the State Plan for Career Technical Education. The word ‘vocational’ has been taken out of the course description and replaced with ‘career technical’.

**NEW COURSE DESCRIPTION:** (Not to exceed 80 words, and language should conform to catalog copy. See http://www.csus.edu/umanual/acad.htm - Guidelines for Catalog Course Description)

**Note:**

| Prerequisite: None  
Enforced at Registration: Yes ___ No ___ |
| Corequisite: None  
Enforced at Registration: Yes ___ No ___ |
| Graded: Letter X Credit/No Credit  
Instructor Approval Required? Yes ___ No X |
| Course Classification (e.g., lecture, lab, seminar, discussion):  
02 - Lecture/Discussion  
Title for CMS (not more than 30 characters): Adv Inst Dsgn, Prg Evl in CTE |
| 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 ___ |
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:

Department Chair: ____________________________  Date: 9/11/09

College Dean or Associate Dean: ____________________________  3/30/09

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.

9/10/2008