Course Change Proposal  
Form A

<table>
<thead>
<tr>
<th>Academic Group (College): Education</th>
<th>Academic Organization (Department): EDS</th>
<th>Date: 2/25/08</th>
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<tbody>
<tr>
<td>Type of Course Proposal:</td>
<td>Department Chair: Bernice Bass de Martinez</td>
<td>Submitted by: Donald A. Grushkin</td>
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<tr>
<td>New ___ Change <em>X</em> Deletion ___</td>
<td>For Catalog Copy: Yes <em>X</em> No ___</td>
<td>Semester Effective:</td>
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<td>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No __<em>X</em></td>
<td>CCE (Extension): Yes ___ No __<em>X</em></td>
<td>Fall <em>X</em> Spring __, 2009</td>
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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.

| Change from: | |
| Subject Area (prefix) & Catalog Nbr (course no.): | Title: | Units: |
| EDS 156 | ASL Fingerspelling & Numbers | 1 |

| Change to: | |
| Subject Area (prefix) & Catalog Nbr (course no.): | Title: | Units: |
| EDS 56 | ASL Fingerspelling & Numbers | 1 |

JUSTIFICATION:

Fingerspelling & ASL Numbers has 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/umanual/acad.htm - Guidelines for Catalog Course Description)

Students will develop increased fluency in their expressive and receptive abilities in fingerspelling through in-class practice and viewing of videotaped narratives. Students will also reinforce their abilities to utilize ASL numbering systems for time, money, measurements, and game scores, among others.

Note:

Prerequisite: EDS 52  
Enforced at Registration: Yes _X_ No ___

Corequisite:

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):

Lecture-Discussion

Title for CMS (not more than 30 characters)

ASL Fingerspelling + Numbers

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

**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 X__ 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 X__ No __

If yes, identify program(s): Deaf Studies (Major)

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 _ X__ No _X__

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).

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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

College Dean or Associate Dean: Date

CPSP (for school personnel courses ONLY)

Associate Vice President
and Dean for Academic Programs

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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.