Course Change Proposal
Form A

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date: April 22, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts and Letters</td>
<td>Design</td>
<td></td>
</tr>
<tr>
<td>Type of Course Proposal:</td>
<td>Department Chair: Sharmon Goff</td>
<td>Submitted by: Andrew Anker</td>
</tr>
<tr>
<td>New ___ Change X___ Deletion ___</td>
<td>For Catalog Copy: Yes X No ___</td>
<td></td>
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<tr>
<td>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No X___</td>
<td>CCE (Extension): Yes ___ No X___</td>
<td>Semester Effective: Fall X___ Spring _<em><strong>, 2009</strong></em></td>
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This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title: American Design</th>
<th>Units: 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTD 124A</td>
<td></td>
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Change to:

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title: NO CHANGE</th>
<th>Units:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO CHANGE</td>
<td></td>
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JUSTIFICATION:

We are adding prerequisites in order to insure that students are prepared for this class. This is an advanced design history class, so students should first complete INTD 20, a survey of design history.

NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See http://www.csus.edu/umanual/AcadAff/TSC00060.htm - Guidelines for Catalog Course Description)

NO CHANGE

Note:

- Prerequisite: INTD 20
- Enforced at Registration: Yes X No
- Corequisite: Enforced at Registration: Yes No X
- CAN (California Articulation Number):
- Graded: Letter X Credit/No Credit
- Instructor Approval Required? Yes No X
- Course Classification (e.g., lecture, lab, seminar, discussion):
  Title for CMS (not more than 30 characters)
  NO CHANGE
- Cross Listed? Yes X No
- 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 X 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

NO CHANGE

**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:

NO CHANGE

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 ___  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 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).

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: 4-27-09

Department Chair

Signature: ___________________________  Date: 5-6-09

College Dean or Associate Dean

CPSP (for school personnel courses ONLY)

Signature: ___________________________  Date: 5-6-09

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.

8/27/07