Course Change Proposal
Form A

| Academic Group (College): | Academic Organization (Department): Design | Date: April 22, 2009
|--------------------------|------------------------------------------|------------------|
| Arts and Letters         | Department Chair: Sharmon Goff           | Submitted by: Andrew Anker
| Type of Course Proposal: | New ___ Change X ___ Deletion ___        |     |
|                         | Department Chair: Sharmon Goff           | Submitted by: Andrew Anker
| Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No X ___ | For Catalog Copy: Yes X ___ No ___ | Semester Effective: Fall X ___ Spring ___ 2009 ___ |
|                         | CCE (Extension): Yes ___ No X ___        |     |

This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

<table>
<thead>
<tr>
<th>Change from:</th>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.): INTD 124E</th>
<th>Title: Film and Design</th>
<th>Units: 3</th>
</tr>
</thead>
</table>

| Change to: | Subject Area (prefix) & Catalog Nbr (course no.): NO CHANGE | Title: NO CHANGE | Units: |

JUSTIFICATION:

We are adding prerequisites in order to insure that students are prepared for this class. This is an advanced design theory class in which students study the connections between film and design. Therefore, students should first complete either INTD 20 (a survey of design history) or ENGL 97 (Intro. to Film Studies).

NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See http://www.csus.edu/umanager/AcadAff/FSC00060.htm - Guidelines for Catalog Course Description)

NO CHANGE

Note:

Prerequisite: INTD 20 OR ENGL 97
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 ___ 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 http://www.csus.edu/acad/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 _X_ 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.

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Chair:</td>
<td>4-28-09</td>
</tr>
<tr>
<td>College Dean or Associate Dean:</td>
<td>5-6-09</td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY)</td>
<td></td>
</tr>
<tr>
<td>Associate Vice President and Dean for Academic Programs</td>
<td></td>
</tr>
</tbody>
</table>

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