### Course Change Proposal

**Form A**

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date: September 21, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Human Services</td>
<td>CRIMINAL JUSTICE</td>
<td>Submitted by: Will Vizzard</td>
</tr>
</tbody>
</table>

**Department Chair:** Will Vizzard

<table>
<thead>
<tr>
<th>Type of Course Proposal:</th>
<th>New</th>
<th>Change</th>
<th>X</th>
<th>Deletion</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this course fulfill a requirement for single-subject or multiple subject credential students?</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For Catalog Copy:** Yes | No | |

**CCE:** Yes | No | |

| Semester Effective: | Fall | Spring | X | 2010 | |

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

This Catalog Number (course number) is being replaced: N/A

**Change from:**

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog No. (course no.):</th>
<th>Title:</th>
<th>Units:</th>
</tr>
</thead>
</table>

**Change to:**

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog No. (course no.):</th>
<th>Title:</th>
<th>Units:</th>
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</thead>
</table>

**JUSTIFICATION:**

The faculty of the Division has concluded that students should be allowed only one repeat of a course to insure that more students are served in this environment of limited resources.

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

**Note:**

Prerequisite: NA

Corequisite: NA

**CAN (California Articulation Number):**

**Graded:** Letter X Credit/No Credit

**Instructor Approval Required?** Yes | No | X |

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

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

**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?**

**Can the course be taken for Credit more than once during the same term?** Yes | No |

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**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

**Upon successful completion of the course the student will be able to:** NA
**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:

**Assessment Strategies:** NA

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 ___ 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.

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Chair:</td>
<td>9/29/09</td>
</tr>
<tr>
<td>College Dean or Associate Dean:</td>
<td>10/4/09</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.