Course Change Proposal
Form A

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date:</th>
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<tbody>
<tr>
<td>NSM</td>
<td>GEOLOGY</td>
<td>Oct 27, 2009</td>
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<tr>
<th>Type of Course Proposal:</th>
<th>Department Chair:</th>
<th>Submitted by:</th>
</tr>
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<tbody>
<tr>
<td>New ___ Change XX_ Deletion ___</td>
<td>DAVE EVANS</td>
<td>Dave Evans</td>
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Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No X

For Catalog Copy: Yes ___ No XX_

CCE: Yes ___ No ___

Semester Effective: Fall X Spring __, 2010

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

This Catalog Number (course number) is being replaced: n/a

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<tr>
<th>Change from:</th>
<th>Change to:</th>
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<tr>
<td>Subject Area (prefix) &amp; Catalog No. (course no.):</td>
<td>Subject Area (prefix) &amp; Catalog No. (course no.):</td>
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<tr>
<td>Title:</td>
<td>Title:</td>
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<tr>
<td>Units:</td>
<td>Units:</td>
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**Surficial Processes**

| Units: | 4 |

**JUSTIFICATION:**

We are reducing the prerequisites so that this course will be available to students early in their progress toward the Geology degree. As part of substantial revisions in the B.S. degree in Geology, this course will be an elective rather than a required course. This is a non-substantive change.

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

N/A

**Prerequisite:** GEOL 10, GEOL 10L, GEOL 12, GEOL 12L

**Corequisite:**

**CAN (California Articulation Number):**

<table>
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<tr>
<th>Graded: Letter</th>
<th>Credit/No Credit</th>
<th>Instructor Approval Required?</th>
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<td>X_</td>
<td></td>
<td>Yes ___ No X_</td>
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**Course Classification (e.g., lecture, lab, seminar, discussion):**

C2 (3 units); C16 (1unit)

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

**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/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 X

Note: this course will be one of several elective courses offered on a rotating basis. Students will be required to take four such electives.

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: 12/14/09
Department Chair:

College Dean or Associate Dean: ____________________________ Date: 1/22/10

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.