# Course Change Proposal

## Form A

**Academic Group (College):** Teacher Education  
**College of Education:**  
**Type of Course Proposal:**  
New ___ Change X___ Deletion ___  
**Department Chair:** Robert Pritchard  
**Submitted by:** Robert Pritchard  
**Date:** 1/27/2010  
**For Catalog Copy:** Yes X___ No ___  
**Semester Effective:** Fall X___ Spring ___, 2010  

---

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

### Change from:

**Subject Area (prefix) & Catalog Nbr (course no.):** EDTE 470A  
**Title:** Student Teaching I: Secondary Schools  
**Units:** 6.0

### Change to:

**Subject Area (prefix) & Catalog Nbr (course no.):**  
**Title:**  
**Units:**

---

**JUSTIFICATION:**

The only change on this form is the “course classification” which is being changed from S 24 to S 36 to reflect the change in supervision ratio from 2:1 to 3:1 and to facilitate completion of the department workload report each semester.

---

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

---

**Note:**

**Prerequisite:**  
Enforced at Registration: Yes ___ No ___

**Corequisite:**  
Enforced at Registration: Yes ___ No ___

**CAN (California Articulation Number):**

---

**Graded:** Letter _____ Credit/No Credit ___  
**Instructor Approval Required:** Yes ___ No ___

**Course Classification (e.g., lecture, lab, seminar, discussion):** S 36  
**Title for CMS (not more than 30 characters):**  
**Cross Listed:** Yes ___ 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?** ___

**Can the course be taken for Credit more than once during the same term?** Yes ___ 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

*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:

<table>
<thead>
<tr>
<th>For whom is this course being developed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Majors in the Dept ___ Majors of other Depts ___ Minors in the Dept ___ General Education ___ Other</td>
</tr>
</tbody>
</table>

Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes ___ No ___

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.

**Signatures:**

<table>
<thead>
<tr>
<th>Department Chair:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>3/21/10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College Dean or Associate Dean:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>4/13/10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPSP (for school personnel courses ONLY)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td></td>
</tr>
</tbody>
</table>

**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.