Course Change Proposal
Form A

Academic Group (College): Education
Academic Organization (Department): Teacher Education
Date: December 17, 2009

Type of Course Proposal:
New ___ Change _X_ Deletion ___

Department Chair: Robert Pritchard
Submitted by: Robert Pritchard

Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes _X_ No ___

For Catalog Copy: Yes _X_ No ___
CCE (Extension): Yes ___ No ___

Semester Effective: Fall 2010 X Spring 2011

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

Change from:
Subject Area (prefix) & Catalog Nbr (course no.): EDTE 471 B
Title: Student Teaching
Units: 6

Change to:
Subject Area (prefix) & Catalog Nbr (course no.):
Title:
Units: 4

JUSTIFICATION:
Due to the increased student workload in KINS 198A and 198B caused by PACT, KINS needs to increase the unit load of those courses from 1 to 3. (See below.) In order to accomplish this and stay within the state mandated unit limit for Blended Programs, EDTE 471 B (and 471A) need to be reduced by 2 units. EDTE 471B 4 units

Old
KINS 198A 1 unit
KINS 198B 1 units
EDTE 471 A 7 units
EDTE 471 B 6 units
TOTAL 15 units

New
KINS 198A 3 units
KINS 198B 3 units
EDTE 471A 5 units
EDTE 471B 4 units
TOTAL 15 units

NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See http://www.csus.edu/acaf/univmanual/crspls.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

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/acaif/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?

- [ ] Pros 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): Physical Education Blended Program

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>3/11/06</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College Dean or Associate Dean:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>1/13/10</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Associate Vice President and Dean for Academic Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
</tr>
</tbody>
</table>

Distribution: Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Chairs, at mail zip 6016. An electronic copy must also be sent.