# Course Change Proposal

**Form A**

<table>
<thead>
<tr>
<th>Academic Group (College): Arts and Letters</th>
<th>Academic Organization (Department): Learning Skills Center</th>
<th>Date: August 23, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Course Proposal:</td>
<td>Department Chair: Roberta J. Ching</td>
<td>Submitted by: Roberta J. Ching</td>
</tr>
<tr>
<td>New ___ Change X ___ Deletion ___</td>
<td>For Catalog Copy: Yes X ___ No ___</td>
<td>Semester Effective: Fall X ___ Spring ___, 2010</td>
</tr>
<tr>
<td>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No X ___</td>
<td>CCE (Extension): Yes ___ No X ___</td>
<td></td>
</tr>
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</table>

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

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<tr>
<th>If changing an existing course, should new version be considered a repeat of the original version? If so, the same Course ID will be maintained. If not, a new Course ID will be assigned. Note: In PeopleSoft terminology, the Course ID is the unique system identifier, not the Catalog Nbr.</th>
</tr>
</thead>
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<td>Yes ___ No ___</td>
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</tbody>
</table>

**Change from:**

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

**Change to:**

<table>
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<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title:</th>
<th>Units:</th>
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**JUSTIFICATION:** To address ED1037

The change that is being requested is to allow students to repeat for CREDIT.

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

n/a

**Note:**

Prerequisite:
Enforced at Registration: Yes ___ No X ___

Corequisite:
Enforced at Registration: Yes ___ No X ___

Graded: Letter _Credit/No Credit_X__

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

Title for CMS (not more than 30 characters)
ENGL 85 – Grammar Multilingual (2 units)

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<th>Instructor Approval Required?</th>
<th>Yes ___ No ___</th>
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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?
ENGL-85 can be repeated for Credit; allowed completion coding should be 99.

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

n/a

**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:

n/a

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 ___
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:   
Department Chair:   ______  Date 8/23/10
College Dean or Associate Dean:   ______  Date 8/31/10
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.

9/10/2008