# Course Change Proposal

**Form A**

<table>
<thead>
<tr>
<th>Academic Group (College): Health &amp; Human Services</th>
<th>Academic Organization (Department): Recreation, Parks &amp; Tourism</th>
<th>Date: 08-20-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Course Proposal: New ___ Change ___ Deletion ___ X___</td>
<td>Department Chair: Dana Kivel</td>
<td>Submitted by: Greg Shaw</td>
</tr>
<tr>
<td>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No ___ X___</td>
<td>For Catalog Copy: Yes ___ X___ No ___</td>
<td>Semester Effective: Fall ___ Spring ___ X___, 2011___</td>
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<td>CCE (Extension): Yes ___ No ___ X___</td>
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This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

| 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. | Yes ___ X___ No ___ |

## Change from:

| Subject Area (prefix) & Catalog Nbr (course no.): RPTA 500 | Title: Culminating Experience | Units: 1-3 |

## Change to:

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

## JUSTIFICATION:

The department would like to add a comprehensive examination option to the Master of Science program. Several other recreation programs throughout the CSU system have adopted this option. The department’s master’s program serves a high number of working professionals that often do not require a thesis or project for their jobs, but do prefer a program that can be finished in a timely manner. The examination option will allow students to indicate mastery of the subject matter and a mastery of graduate-level writing in a timely fashion. The thought is that this will improve graduation rates and speed the time to graduation for many students. To do this most effectively, RPTA 500 is being deleted, and in its place will be RPTA 500A (Thesis), 500B (Project) and 500C (Comprehensive Examination).

## NEW COURSE DESCRIPTION:

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

N/A

## Note:

Prerequisite:
Enforced at Registration: Yes ___ X___ No ___

Corequisite:
Enforced at Registration: Yes ___ No ___ X___

Graded: Letter ___ Credit/No Credit ___ X___

Instructor Approval Required? Yes ___ X___ No ___

Course Classification (e.g., lecture, lab, seminar, discussion):
Not changed

Title for CMS (not more than 30 characters): Culminating Experience: Comp. Exam

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/acad/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 __X__ 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 __X__ No ___
If yes, identify program(s): Recreation Administration, Master of Science

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

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<tr>
<th>Department Chair:</th>
<th>B. Dave Kneb</th>
<th>9/22/10</th>
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<tbody>
<tr>
<td>College Dean or Associate Dean:</td>
<td></td>
<td>9/23/10</td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY)</td>
<td></td>
<td></td>
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<tr>
<td>Associate Vice President and Dean for Academic Programs</td>
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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