Course Change Proposal
Form A

Academic Group (College): SSIS
Academic Organization (Department): ANTH
Date: April 13, 2011

Type of Course Proposal:
New ___ Change X___ Deletion ___

Department Chair: R. Trichur
Submitted by: R. Trichur

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

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

Semester Effective:
Fall X ___ Spring __, 2011__

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 ___ No ___

Change from:
Subject Area (prefix) & Catalog Nbr (course no.): ANTH 190
Title:
ADVANCED TOPICS IN LINGUISTIC ANTHROPOLOGY
Units: 3

Change to:
Subject Area (prefix) & Catalog Nbr (course no.): ANTH 190
Title:
ADVANCED TOPICS IN LINGUISTIC ANTHROPOLOGY
Units: 3

JUSTIFICATION:

**THIS FORM A IS TO ADDRESS EO1037.**
**THIS COURSE MAY BE REPEATED 1X IF TOPIC OR INSTRUCTOR IS DIFFERENT.**
**NO OTHER CHANGES THAN THE CMS CODE FOR REPEATABILITY.**

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)

Note:

Prerequisite:
Enforced at Registration: Yes ___ No ___

Corequisite:
Enforced at Registration: Yes ___ No ___

Graded: Letter ___ Credit/No Credit ___
Instructor Approval Required? Yes ___ No ___

Course Classification (e.g., lecture, lab, seminar, discussion): 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? __2 TIMES (MAXIMUM OF 6 UNITS)___

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 ___
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.**

**Accessibility:** Following course approval, and prior to the start of the semester in which the new or revised course will be taught for the first time, an accessibility checklist [available at http://www.csus.edu/accessibility/checklist.html] shall be completed and submitted to the appropriate Dean's office. An accessible syllabus shall also be made available online, preferably prior to the start of that semester's open registration period.

**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.

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Date</th>
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<tbody>
<tr>
<td>Department Chair:</td>
<td>3/25/11</td>
</tr>
<tr>
<td>College Dean or Associate Dean:</td>
<td>4/23/11</td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY)</td>
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<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.

5/20/2010