Course Change Proposal  
Form A

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<tr>
<th>Academic Group (College): Education</th>
<th>Academic Organization (Department): EDS</th>
<th>Date: 4/12/2011</th>
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| Type of Course Proposal:          | Department Chair: Bruce Ostertag       | Submitted by:  
| New __ Change X__ Deletion ____   |                                        | William G. Vicars |
| Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No X__ | For Catalog Copy: Yes X No ___ | Semester Effective: Fall X Spring __, 2011 |
| CCE (Extension): Yes ___ No ___    |                                        |                |

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.): EDS 155 | Title: American Sign Language 5 | Units: 4 |

Change to:

| Subject Area (prefix) & Catalog Nbr (course no.): Remains the same | Title: Remains the same | Units: Same |

JUSTIFICATION:

At this time the course has a prerequisite of EDS 154 and a "corequisite" of EDS 163. We would like to remove the corequisite of EDS 163 because some semesters we offer EDS 155 but not EDS 163. The corequisite is not necessary for successful completion of EDS 155. This change will assist in scheduling and will help insure the timely graduation of our majors.

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

[No change]

Students will build upon communicative skills developed in EDS 154 to develop and expand on their abilities to discuss parts of the body and health conditions, tell a personal narrative about themselves and moments in theirs and others' lives, as well as to retell and translate simple stories into ASL. Prerequisite: EDS 154 or permission of instructor.

Note:

Prerequisite: EDS 154
Enforced at Registration: Yes X No ___
Corequisite: Change to: "none"
Enforced at Registration: Yes ___ No X___
Graded: Letter __X___ Credit/No Credit ___
Instructor Approval Required? Yes ___ No ___ X___
Course Classification (e.g., lecture, lab, seminar, discussion):
Lecture-Discussion
Title for CMS (not more than 30 characters): ASL 5
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

**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 X General Education Other
Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes X No
If yes, identify program(s): Deaf Studies (Major, Minor, Certificate)

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:**

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<tr>
<th>Role</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Department Chair</td>
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<td>4/21/11</td>
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<tr>
<td>College Dean or Associate Dean</td>
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<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.