Course Change Proposal
Form A

Academic Group (College): NSM
Academic Organization (Department): Biological Sciences

Type of Course Proposal:
New ___ Change X ___ Deletion ___

Department Chair:
Jennifer Lundmark

For Catalog Copy: Yes _X_ No ___

Submitted by:
Jennifer Lundmark

CCE (Extension): Yes ___ No ___

Fall ___ Spring X 2012 ___

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.): BIO 39
Title: Microbiology for Allied Health Students
Units: 4

Change to:

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

JUSTIFICATION:
Cells and cell structure are no longer taught in sufficient detail in BIO 20 for it to serve as a prerequisite for this course.

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

Introduction to micro-organisms, particularly bacteria and viruses, with emphasis on health care-related applications of microbiology using case studies. Laboratory work includes aseptic techniques, methods of cultivating and identifying bacteria, demonstration of microbial properties and will provide practice with basic microbiological skills. Lecture three hours; laboratory three hours. Fee Course. Note: Does not satisfy microbiology requirement for Biological Sciences majors. Prerequisite: B10; CHEM 5 or CHEM 6A and CHEM 6B or equivalent. Graded: Graded Student. Units: 4.0

Note:
Prerequisite:
Enforced at Registration: Yes ___ No X___

Corequisite:
Enforced at Registration: Yes ___ No X ___

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

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

Title for CMS (not more than 30 characters)
Microbiology for Allied Health Students

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? 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 ____ Majors of other Depts X ____ 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): Nursing

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). Kinesiology, Nursing

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.

Signatures: ___________________________ Date: 10/24/11
College Dean or Associate Dean: ___________________________ 10/25/11
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.

5/20/2010