# Course Change Proposal

**Form A**

<table>
<thead>
<tr>
<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Sciences &amp; Mathematics</td>
<td>Biological Sciences</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Course Proposal:</th>
<th>Department Chair:</th>
<th>Submitted by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>New ___ Change X ___ Deletion ___</td>
<td>Rose Leigh Vines</td>
<td>Nancy Angell, ASC II</td>
</tr>
</tbody>
</table>

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

For Catalog Copy: Yes X ___ No ___

CCE (Extension): Yes ___ No X ___

Semester Effective: Fall X ___ Spring __, 2011 ___

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

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.

<table>
<thead>
<tr>
<th>Change from:</th>
<th>Change to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area (prefix) &amp; Catalog Nbr (course no.):</td>
<td>BIO 195D</td>
</tr>
<tr>
<td>Title:</td>
<td>Dental Internship</td>
</tr>
<tr>
<td>Units:</td>
<td>1 - 2</td>
</tr>
</tbody>
</table>

**JUSTIFICATION:**

BIO 195D is a Biological/Dental Internship for which students are allowed to take up to 4 units during the course of their academic career. Currently, CMS does not allow a student to enroll for this course more than once due to new the new CSUS Repeat Policy.

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

Note:

Prerequisite: Department Chair and Instructor Permission.

Enforced at Registration: Yes X ___ No ___

Corequisite: None

Enforced at Registration: Yes ___ No ___

Graded: Letter _____ Credit/No Credit X ___

Instructor Approval Required? Yes X ___ No ___

Course Classification (e.g., lecture, lab, seminar, discussion): S1

Title for CMS (not more than 30 characters) Dental Internship

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? 4 ___

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:

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**For whom is this course being developed?**

<table>
<thead>
<tr>
<th>Majors in the Dept</th>
<th>Majors of other Depts</th>
<th>Minors in the Dept</th>
<th>General Education</th>
<th>Other</th>
</tr>
</thead>
</table>

Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes ___ No ___

If yes, identify program(s):

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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).

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The Department Chair’s signature below indicates that affected programs have been sent a copy of this proposal form.

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**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.

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Signatures: | Date
---|---
Department Chair: | 8/25/10
College Dean or Associate Dean: | 8/25/10
CPSP (for school personnel courses ONLY) | 8/25/10
Associate Vice President and Dean for Academic Programs | 8/24/10

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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 mall zip 6016. An electronic copy must also be sent.

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CONDITIONAL APPROVAL | 8/26/10

5/20/2010