**Academic Affairs - Course Proposal Form**

<table>
<thead>
<tr>
<th>Academic Unit:</th>
<th>Department Chair:</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Continuing Education and Department of Spec Ed, Rehab &amp; Sch Psyc</td>
<td>Alice Tom, Dean Bruce Ostertag, Chair</td>
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</tbody>
</table>

**Type of Course Proposal:**

- New  _X_  Change  Deletion

**Date:**

April 10, 2006

**Does this course fulfill a requirement for single-subject or multiple subject credential students?**

- Yes  _X_  No

**For Catalog Copy:**

- Yes  _X_  No

**CCE:**

- Yes  _X_  No

**Semester Effective:**

- Fall  _X_  Spring  2006

**Prefix & No.**

- EDS 109

**Title:**

- Career Guidance in Vocational/Technical Education (Swan Evaluation)

**Units:**

- 1

**Change to:**

<table>
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<th>Prefix &amp; No.</th>
<th>Title</th>
<th>Units</th>
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**JUSTIFICATION:**

**Change in Grading:** From Letter Grade to Credit/No Credit

EDS 109 is a seminar-style course that examines the occupational history of the participants and individually assists them in gathering documentation to support their request to the California State Board of Examiners for Vocational Teachers. Credit/No credit grading is more appropriate for this course.

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

No changes to description.

**Note:**

**Prerequisite:**

**Corequisite:**

**CAN (California Articulation Number):**

**Graded:**

- Letter  
- Credit/No Credit  _X_  (Proposed Change)

**Instructor Approval?**

- Yes  _X_  No

**Course Classification:**

- 02

**Title for SIS+ (not more than 25 characters):**

**Cross Listed?**

- Yes  _X_  No

**If yes, with what course:**

**How Many Times Can This Course be Taken for Credit?**

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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 x  No__

If yes, identify program(s): Bachelor of Vocational Education (BVE)

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:**

<table>
<thead>
<tr>
<th>Department Chair:</th>
<th>Date</th>
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<tbody>
<tr>
<td>College Dean or Associate Dean:</td>
<td></td>
</tr>
<tr>
<td>College of Continuing Education Dean:</td>
<td></td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY):</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Associate Vice President and Dean for Academic Programs:</td>
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</tbody>
</table>

Distribution: Academic Affairs (original), Department Chair and College Dean. Dean’s office to send original after approval to Jerri McAtee, at zip 6016. An electronic copy must also be sent to mcatejj@csus.edu.