## Course Change Proposal Form A

**Academic Group (College):** Natural Sciences and Mathematics  
**Academic Organization (Department):** Geography  
**Date:** August 23, 2011  
**Department Chair:** Robin E. Datel  
**Submitted by:** Robin E. Datel  
**Semester Effective:** Fall __ Spring __, 2012

<table>
<thead>
<tr>
<th>Change from:</th>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>GEOG 198</th>
<th>Title:</th>
<th>Co-Curricular Activities</th>
<th>Units:</th>
<th>1-3</th>
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<th>GEOG 198</th>
<th>Title:</th>
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<th>Units:</th>
<th>1-3</th>
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### JUSTIFICATION:

Adding language to make clear that Co-Curricular Activities require instructor and chair approval.

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

See below for prerequisite language to be added at end of existing course description.

**Note:**

- Prerequisite: No prerequisites; ADD: Consent of the faculty sponsor and department chair.  
- Enforced at Registration: Yes X  No __

<table>
<thead>
<tr>
<th>Corequisite:</th>
<th>Enforced at Registration:</th>
<th>Yes  No __</th>
</tr>
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</table>

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<tr>
<th>Graded:</th>
<th>Letter Credit/No Credit X</th>
<th>Instructor Approval Required?</th>
<th>Yes X  No __</th>
</tr>
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<tr>
<th>Course Classification (e.g., lecture, lab, seminar, discussion):</th>
<th>S-2 (S36); Independent study 36</th>
<th>Title for CMS (not more than 30 characters)</th>
<th>Co-Curricular Activities</th>
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<th>Cross Listed?</th>
<th>Yes  No X</th>
<th>If yes, do they meet together and fulfill the same requirement, and what is the other course.</th>
</tr>
</thead>
</table>

| 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

N/A – nonsubstantive change.

**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:

N/A – nonsubstantive change.

For whom is this course being developed?

Majors in the Dept _X_ 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 _X_

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 _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.

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: 9/21/11

Department Chair: ____________________________

College Dean or Associate Dean: ____________________________ 9/22/11

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