	CHAN	GE COURSE (MAJOR) a	nd DROP COUR	SE PROPOSAL	·	
SUBMITTED BY:			u The Co				
Department	tment Student Support Services		College/Sch ool Phone		General Studies 474-6844		
Prepared by	Joseph Hickman						
Email Contact	joseph.hic	kman@alaska	<u>.edu</u>	Faculty'			
1. COURSE 1	DENTIFICA	TION:					
Dept SS	SSP	Course #	See below in	No. of Cred justification		ow	
COURSE TITL	E _		Multiple	Courses – See Justi	fication Below		
compressed i	mcluding cropn) DO/600) abi. ase FORMAT hours may not fewer the thermore, and committee.	Dept. Dept. ot be compress an six weeks n	(Requinvolusignation)	DESCRIP FREQUENCY OF COURSE CLASSI ires approval or ved. Add lines tures.) Course #	offering FICATION f both departs at end of for	it. Any cool's curri	ourse culum
	elivery .ecture,	у					. semester
Page 10 & 1	ASSIFICATION 7 of the multiple	a <u>nual</u> . If j	aduate co ustificat:	ourses only. U ion is needed, S = Social Sci	attach on	criteria separate	found on sheet.)
	his course e baccalaur	be used to feate core?	ulfill a	requirement	YES]	NO
O = Ora	neck which l Intensive, 6 also submi		W = Writ:	could be used ing Intensive, at 7 submitted	Ná	atural Scienat 8 submi	
	PEATABILITY course repe	: atable for c	redit? YE	s	NO		
Justificat repeated (for examp theme each	ole, the co	cate why the					
How many t	imes may t	he course be	repeated	for credit?			TIMES
If the counumber of	ırse can be credit hou	repeated wirs that may b	th variab be earned	le credit, wha	t is the ma	ximum	CREDITS

	COMPLETE CATALOG DESCRIPTION AS IT WILL APPEAR WITH THESE CHANGES: (Underline new wording strike through old wording and use complete catalog format including dept number, title, credits and cross-listed and stacked.) PLEASE SUBMIT NEW COURSE SYLLABUS. For stacked courses the syllabus must clearly indicate differences in required work and evaluation for students at different levels.
	YES/NO NO If Yes, DEPT NUMBER (Requires written notification of each department and dean involved. Att copy of written notification.)
	GRADING SYSTEM: Specify only one LETTER: PASS/FAIL: ESTIMATED IMPACT
	WHAT IMPACT, IF ANY, WILL THIS HAVE ON BUDGET, FACILITIES/SPACE, FACULTY, ETC.
	None
4	LIBRARY COLLECTIONS ave you contacted the library collection development officer (kljensen@alaska.edu 74-6695) with regard to the adequacy of library/media collections, equipment, and ervices available for the proposed course? If so, give date of contact and esolution. If not, explain why not. No Yes Yes
	IMPACTS ON PROGRAMS/DEPTS: What programs/departments will be affected by this proposed action? Include information on the Programs/Departments contacted (e.g., email, memo)
	None
	POSITIVE AND NEGATIVE IMPACTS Please specify positive and negative impacts on other courses, programs and

JUSTIFICATION FOR ACTION REQUESTED

The purpose of the department and campus-wide curriculum committees is to scrutinize course chang applications to make sure that the quality of UAF education is not lowered as a result of the proposed change and explain why; are you increasing the amount of material covered in the class? If you drop a prerest the material is covered elsewhere? If course is changing to stacked (400/600), explain higher leperformance required on part of students earning graduate credit. Use as much space as needed to proposed change and explain what has been done to ensure that the quality of the course is not constituted in the class?

The below course were offered by the SSS program for Alaska Natives that existed on campus until September 1997. These courses have not been offered since that time and will not be offered in the future.

We are seeking to delete the following courses from the catalog.

Sch/Coll	Subj	Crse	SCBCRSE_TITLE
GEN	SSSP	DEVS F052	Alt Approach to Math:Basc Math
GEN	SSSP	F055 / ?	Reading Development
GEN	SSSP	DEVM FO62	Alt Approach/Math:Elem Algebra
GEN	SSSP	F072	Alt Approach/Math:Inter Algbra
GEN	SSSP	F085 /	Science Survey
GEN	SSSP	F103	College Reading-Social Science
GEN	SSSP	F104	Tools for College Stdnt Dvlpmn

() al O) Ih		Date	10-21-10
Signature, Chair, Program/Department of:	Studen	+ Support Se	rvices
		Date	
Signature, Chair, College/Council for:	School Curriculu		
Da For		omas Date	10-21-2010
Signature, Dean, College/S of:	School		
1		Date	40 tz 14
Signature of Provost (if a Offerings above the level	applicable) of approved progr	ams must be ap	proved in advance by
the Provost.			
the Provost. ALL SIGNATURES MUST BE OBTA	AINED PRIOR TO SUE	MISSION TO THE	GOVERNANCE OFFICE.
the Provost.	AINED PRIOR TO SUE	MISSION TO THE	GOVERNANCE OFFICE.