

✓ 10 days
✓ posted

172-UC Dr.

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FORMAT 2

Submit originals (including syllabus) and one copy and electronic copy to the Faculty Senate Office
See <http://www.uaf.edu/uafgov/faculty-senate/curriculum/course-degree-procedures/> for a complete description of the rules governing curriculum & course changes.

CHANGE COURSE (MAJOR) and DROP COURSE PROPOSAL
Attach a syllabus, except if dropping a course.

SUBMITTED BY:

Department	Biology and Wildlife	College/School	CNSM
Prepared by	Jeff Baxter	Phone	474-6294
Email Contact	jbaxter2@alaska.edu	Faculty Contact	Christa Mulder

1. COURSE IDENTIFICATION: As the course now exists.

Dept Course # No. of Credits

COURSE TITLE

2. ACTION DESIRED: Changes to be made to the existing course.

Change Course If Change, indicate below what change. Drop Course XX

NUMBER	TITLE	DESCRIPTION
PREREQUISITES		FREQUENCY OF OFFERING
CREDITS (including credit distribution)		COURSE CLASSIFICATION
CROSS-LISTED	Dept. <input type="text"/>	(Requires approval of both departments and deans involved. Add lines at end of form for such signatures.)
STACKED (400/600) Include syllabi.	Dept. <input type="text"/>	Course # <input type="text"/>
OTHER (please specify)	<input type="text"/>	

3. COURSE FORMAT

NOTE: Course hours may not be compressed into fewer than three days per credit. Any course compressed into fewer than six weeks must be approved by the college or school's curriculum council and the appropriate Faculty Senate curriculum committee. Furthermore, any core course compressed to less than six weeks must be approved by the core review committee.

COURSE FORMAT: (check all that apply) 1 2 3 4 5 6 weeks to full semester

OTHER FORMAT (specify all that apply)

Mode of delivery (specify lecture, field trips, labs, etc)

4. COURSE CLASSIFICATIONS: (undergraduate courses only. Use approved criteria found on Page 10 & 17 of the manual. If justification is needed, attach on separate sheet.)

H = Humanities S = Social Sciences

Will this course be used to fulfill a requirement for the baccalaureate core? YES NO

IF YES, check which core requirements it could be used to fulfill:

O = Oral Intensive, Format 6 also submitted W = Writing Intensive, Format 7 submitted Natural Science, Format 8 submitted

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Dean's Office
College of Natural Science & Mathematics

5. **COURSE REPEATABILITY:**

Is this course repeatable for credit?

YES

NO

Justification: Indicate why the course can be repeated (for example, the course follows a different theme each time).

How many times may the course be repeated for credit?

TIMES

If the course can be repeated with variable credit, what is the maximum number of credit hours that may be earned for this course?

CREDITS

6. **CURRENT CATALOG DESCRIPTION AS IT APPEARS IN THE CATALOG: including dept., number, title and credits**

7. **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.**

8. **IS THIS COURSE CURRENTLY CROSS-LISTED?**

YES/NO

If Yes, DEPT

NUMBER

(Requires written notification of each department and dean involved. Attach a copy of written notification.)

9. **GRADING SYSTEM: Specify only one**

LETTER:

PASS/FAIL:

10. **ESTIMATED IMPACT**

WHAT IMPACT, IF ANY, WILL THIS HAVE ON BUDGET, FACILITIES/SPACE, FACULTY, ETC.

None

11. **LIBRARY COLLECTIONS**

Have you contacted the library collection development officer (kljensen@alaska.edu, 474-6695) with regard to the adequacy of library/media collections, equipment, and services available for the proposed course? If so, give date of contact and resolution. If not, explain why not.

No

Yes

12. **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

13. **POSITIVE AND NEGATIVE IMPACTS**

Please specify positive and negative impacts on other courses, programs and departments resulting from the proposed action.

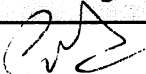
None

JUSTIFICATION FOR ACTION REQUESTED

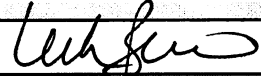
The purpose of the department and campus-wide curriculum committees is to scrutinize course change and new course applications to make sure that the quality of UAF education is not lowered as a result of the proposed change. Please address this in your response. This section needs to be self-explanatory. If you ask for a change in # of credits, explain why; are you increasing the amount of material covered in the class? If you drop a prerequisite, is it because the material is covered elsewhere? If course is changing to stacked (400/600), explain higher level of effort and performance required on part of students earning graduate credit. Use as much space as needed to fully justify the proposed change and explain what has been done to ensure that the quality of the course is not compromised as a result.

This course, which is listed in the current catalog as being offered in fall of even-numbered years, has not been offered in several years. There has been no student demand or requirement for this course.

APPROVALS: (Additional signature blocks may be added as necessary.)

 Date Feb 18, 2013

Signature, Chair, Program/Department of: B&W

 Date 3/1/2013

Signature, Chair, College/School Curriculum Council for: CNSM

 Date 3/5/13

Signature, Dean, College/School of: CNSM

Signature of Provost (if applicable) Date

Offerings above the level of approved programs must be approved in advance by the Provost.

ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE GOVERNANCE OFFICE.

Signature, Chair, UAF Faculty Senate Curriculum Review Committee Date

Signature, Chair, UAF Faculty Senate Curriculum Review Committee

ADDITIONAL SIGNATURES: (As needed for cross-listing and/or stacking)

Signature, Chair, Program/Department of: Date

Signature, Chair, College/School Curriculum Council for: Date

Signature, Dean, College/School of: Date

Signature, Dean, College/School of: Date