

Submit originals and two copies and electronic copy to **Governance/Faculty Senate Office**
 See <http://www.uaf.edu/uafgov/faculty/cd> for a complete description of the rules governing curriculum & course changes.

CHANGE COURSE (MAJOR) and DROP COURSE PROPOSAL

SUBMITTED BY:

Department	Geosciences	College/School	CNSM
Prepared by	Cary de Wit	Phone	x7141
Email Contact	cwdewit@alaska.edu	Faculty Contact	Cary de Wit

1. CURRENT COURSE IDENTIFICATION:

Dept	GEOG	Course #	475	No. of Credits	3
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COURSE TITLE **National Park Concepts**

2. ACTION DESIRED:

Change Course	<input type="checkbox"/>	If Change, indicate below what changes are being requested.	Drop Course	<input checked="" type="checkbox"/>
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NUMBER	TITLE	DESCRIPTION
PREREQUISITES		FREQUENCY OF OFFERING
CREDITS (including credit distribution)		COURSE CLASSIFICATION
CROSS-LISTING	Dept.	(Requires approval of both departments and deans involved. Add lines at end of form for such signatures.)
STACKING (400/600)	Dept.	Course #
OTHER (please specify)		

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. Furthermore, any core course compressed to less than six weeks must be approved by the core review committee.

COURSE FORMAT: (check all that apply)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 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	<input type="checkbox"/>	N = Natural Science	<input type="checkbox"/>	S = Social Sciences	<input type="checkbox"/>
Will this course be used to fulfill a requirement for the baccalaureate core? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, check which core requirements it could be used to fulfill:					
O = Oral Intensive, Format 6 turned in:	<input type="checkbox"/>	W = Writing Intensive, Format 7 turned in:	<input type="checkbox"/>	Natural Science, Format 8 turned in:	<input type="checkbox"/>

5. COURSE REPEATABILITY:

Is this course repeatable for credit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Justification: Indicate why the course can be repeated (for example, the course follows a different theme each time).	<input type="text"/>
How many times may the course be repeated for credit?	<input type="text"/> 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?	<input type="text"/> CREDITS

RECEIVED

OCT - 6 2014

Dean's Office

College of Natural Science & Mathematics

Governance

10/17/14 *TLP*

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

N/A

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.

N/A

8. IS THIS COURSE CURRENTLY CROSS-LISTED?

YES/NO

No

If Yes, DEPT

NUMBER

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

9. GRADING SYSTEM:

LETTER:

PASS/FAIL:

10. ESTIMATED IMPACT

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

N/A

11. LIBRARY COLLECTIONS

Have you contacted the library collection development officer (ffklj@uaf.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

N/A

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)

This will have a slight impact on only the Geography programs. GEOG 475 is not required in any geography degree or in any other programs.

13. POSITIVE AND NEGATIVE IMPACTS

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


This will have no appreciable negative impact on any programs.

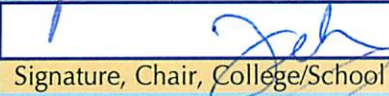
14. JUSTIFICATION FOR ACTION REQUESTED

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 is not essential to the existing geography programs. Geography faculty resources will be better spent on other curricular priorities.

APPROVALS:

	Date	10-3-2014
Signature, Chair, Program/Department of:	Geography	

	Date	10-16-14
Signature, Chair, College/School Curriculum Council for:	CNSM	

	Date	10/17/14
Signature, Dean, College/School of:	CNSM	

	Date	
Signature of Provost (if applicable)		

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.

	Date	
Signature, Chair, UAF Faculty Senate Curriculum Review or Graduate Academic & Advisory Committee		

ADDITIONAL SIGNATURES: (If required)

	Date	
Signature, Chair, Program/Department of:		

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

	Date	
Signature, Dean, College/School of:		