

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	Social & Human Development	College/School	CRCD/ CTC
Prepared by	Patty Meritt & Kelly Peissner	Phone	455-2883 & 455-2842
Email Contact	pameritt@alaska.edu	Faculty Contact	Patty Meritt

1. COURSE IDENTIFICATION: As the course now exists.

Dept Course # No. of Credits

COURSE TITLE

2. ACTION DESIRED: Check the changes to be made to the existing course.

Change Course If Change, indicate below what is changing. Drop Course

NUMBER	TITLE	DESCRIPTION
<input type="text"/>	<input type="text"/>	<input type="text"/>
PREREQUISITES*	FREQUENCY OF OFFERING	
<input type="text"/>	<input type="text"/>	

*Prerequisites will be required before a student is allowed to enroll in the course.

CREDITS (including credit distribution) COURSE CLASSIFICATION

ADD A STACKED LEVEL (400/600) Dept. Course #

Include syllabi.

How will the two course levels differ from each other? How will each be taught at the appropriate level?:

Stacked course applications are reviewed by the (Undergraduate) Curricular Review Committee and by the Graduate Academic and Advising Committee. Creating two different syllabi—undergraduate and graduate versions—will help emphasize the different qualities of what are supposed to be two different courses. The committees will determine: 1) whether the two versions are sufficiently different (i.e. is there undergraduate and graduate level content being offered); 2) are undergraduates being overtaxed?; 3) are graduate students being undertaxed? In this context, the committees are looking out for the interests of the students taking the course. Typically, if either committee has qualms, they both do. More info online - see URL at top of this page.

ADD NEW CROSS-LISTING Dept. & No. Requires approval of both departments and deans involved. Add lines at end of form for additional signatures.

STOP EXISTING CROSS-LISTING Dept. & No. Requires notification of other department(s) and mutual agreement. Attach copy of email or memo.

OTHER (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 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 in Chapter 12 of the curriculum manual. If justification is needed, attach separate sheet.)

H = Humanities	<input type="checkbox"/>	S = Social Sciences	<input type="checkbox"/>
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Will this course be used to fulfill a requirement for the baccalaureate core?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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IF YES*, check which core requirements it could be used to fulfill:

O = Oral Intensive, *Format 6 also submitted	<input type="checkbox"/>	W = Writing Intensive, *Format 7 submitted	<input type="checkbox"/>	X = Baccalaureate Core	<input type="checkbox"/>
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4.A *Is course content related to northern, arctic or circumpolar studies? If yes, a "snowflake" symbol will be added in the printed Catalog, and flagged in Banner.*

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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5. **COURSE REPEATABILITY:**

Is this course repeatable for credit?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Justification: Indicate why the course can be repeated (for example, the course follows a different theme each time).	<input type="text"/>
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How many times may the course be repeated for credit?	<input type="text"/>	TIMES
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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
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6. **COMPLETE CATALOG DESCRIPTION** including dept., number, title, credits, credit distribution, cross-listings and/or stacking, clearly showing the changes you want made. (Underline new wording ~~strike through old wording~~ and use complete catalog format including dept., number, title, credits and cross-listed and stacked.)

Example of a complete description:

PS F450 Comparative ~~Aberiginal~~ Indigenous Rights and Policies (s)
3 Credits
Offered As Demand Warrants
~~Case study~~ Comparative approach in assessing ~~Aberiginal~~ to analyzing Indigenous rights and policies in different nation-state systems. ~~Seven Aberiginal situations~~ Multiple countries and specific policy developments examined for factors promoting or limiting self-determination. Prerequisites: Upper division standing or permission of instructor. (Cross-listed with ANS F450.) (3+0)

ECE F114 Learning Environments
1 Credit
Space, relationships, materials and routines as resources for constructing interesting, secure and enjoyable environments that encourage play, exploration and learning.
(1+0+0)

7. **COMPLETE CATALOG DESCRIPTION AS IT SHOULD APPEAR AFTER ALL CHANGES ARE MADE:**

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

LETTER:	<input type="checkbox"/>	PASS/FAIL:	<input type="checkbox"/>
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9. **ESTIMATED IMPACT**

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

May reduce administrative costs of catalog preparation and confusion in advising.

10. 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

11. 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)

CDEV has been included on this decision and is in agreement

12. POSITIVE AND NEGATIVE IMPACTS

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

None anticipated

13. 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.

We have not been including the 1 credit courses in the degree for several years, so we almost never offer them. They confuse students, advisors and campuses that see them in the catalog and think they can offer them and students will get credit towards the degree.

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

P.A. Meent / *[Signature]* Dept Chair Date 4/19/17
Signature, Chair, CTC ECE Program coordinator
Program/Department of:

[Signature] Date 4/24/17
Signature, Chair, College/School Curriculum Council for: Cled Academic Council

Signature, Dean, College/School of: Date

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

	Date	
Signature of Provost (if applicable)		

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

	Date	
Signature, Chair		
Faculty Senate Review Committee: ___ Curriculum Review ___ GAAC		
___ Core Review ___ SADAC		

ADDITIONAL SIGNATURES: (As needed for cross-listing and/or stacking; add more blocks as necessary.)

	Date	
Signature, Chair, Program/Department of:		

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

	Date	
Signature, Dean, College/School of:		

Note: If removing a cross-listing, attach copy of email or memo to indicate mutual agreement of this action by the affected department(s). If degree programs are affected, a Format 5 program change form must also be submitted.