

Submit originals and one copy 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	Biology & Wildlife	College/School	CNSM
Prepared by	Dawn Dearing	Phone	474-6294
Email Contact	dmdearinger@alaska.edu	Faculty Contact	Christa Mulder

1. COURSE IDENTIFICATION:

Dept	BIOL	Course #	F418W	No. of Credits	4
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COURSE TITLE	Developmental Biology
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2. ACTION DESIRED:

Change Course	<input type="checkbox"/>	If Change, indicate below what change.	Drop Course	<input checked="" type="checkbox"/>
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NUMBER	TITLE	DESCRIPTION
PREQUISITES		FREQUENCY OF OFFERING
CREDITS (including credit distribution)		COURSE CLASSIFICATION
CROSS-LISTED	X Dept. CHE M	(Requires approval of both departments and deans involved. Add lines at end of form for such signatures.)
STACKED (400/600) Include syllabi.	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
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OTHER FORMAT (specify all that apply)

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

RECEIVED
NOV - 1 2010

4. COURSE CLASSIFICATIONS: (undergraduate courses only. Use appropriate codes from 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

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 Yes

If Yes, DEPT CHEM

NUMBER F418W

(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.

This will not have any impact on budget, facilities or faculty.

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)

13. POSITIVE AND NEGATIVE IMPACTS

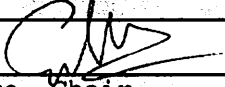
Please specify positive and negative impacts on other courses, programs and departments resulting from the proposed action.


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 has not been taught in > 5 years and the faculty member who developed the course left many years ago. We do anticipate reintroducing Developmental Biology back into the curriculum in the future, following some workload shifts of current faculty, but as a completely redesigned course and likely without the lab component (which we currently do not have the facilities to teach properly). We would prefer to remove it from the catalogue and have it re-established following the redesign than to have it linger on the books in its current outdated (and unavailable) state.

APPROVALS:


 Date Oct 21, 2010
 Signature, Chair, Program/Department of: Christa P.H. Mulder


 Date 26 Oct 2010
 Signature, Chair, College/School Curriculum Council for: CNSM

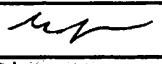
John D Craven for P Hayer
 Date 2 Nov 2010
 Signature, Dean, College/School of: CNSM

_____ 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 Committee

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


 Date 29 Oct 2010
 Signature, Chair, Program/Department of: Chemistry + Biochemistry

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

_____ Date _____
 Signature, Dean, College/School of: