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CURRICULUM COMMITTEE RECOMMENDATION

SR-07-08-(12) 43 CC

Recommends approval of the formatting changes to the attached .PDF curricular forms — Undergraduate Course Addition, Undergraduate Course Deletion, Undergraduate Course Change, Request for Undergraduate Addition-Deletion-or Change of an Area of Emphasis, Request for Undergraduate Addition-Deletion-or Change of a Certificate Program, Request for Undergraduate Addition-Deletion-or Change of a Minor, and Request for Undergraduate Addition-Deletion-or Change of a Major.

RATIONALE:

The Curriculum Committee has reviewed and discussed the forms and recommends the following formatting changes in preparation for making this a complete online process.

FACULTY SENATE CHAIR:

| APPROVED BY THE | 12/12/ |
|---|----------------------|
| APPROVED BY THE FACULTY SENATE: Lamp Streeter | _DATE: /d / /3 / 200 |
| | |
| DISAPPROVED BY THE | T 4 mm |
| FACUTY SENATE: | DATE: |
| UNIVERSITY PRESIDENT: | . / |
| APPROVED: | DATE: 12/17/07 |
| DISAPPROVED: | _DATE: |
| COMMENTS: | |
| | |
| | |
| | |

Request for Undergraduate Course Addition

Prepare <u>one</u> paper copy with all signatures and forward to the University Curriculum Committee Chair. Additionally, immediately following attainment of the College Curriculum Chair signature, send <u>one</u> identical ELECTRONIC COPY sans signatures in PDF format with all supporting documentation converted to PDF format by email to the University Curriculum Committee chair for electronic distribution.

| | to the University Curriculu | m Committee chair for electronic distribution. | |
|--------------------|--|--|--|
| College: | Department/Division: | Alpha Designator/Number: | Graded: CR/NC: |
| Contact Person:_ | | Phone: | |
| NEW COURSE DATA | | AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PARTY. | |
| New Course Title | 2: | | The state of the s |
| Alpha Designato | r/Number: | | |
| Title Abbreviatio | n:acters and spaces.) | | |
| (Limit of 25 char | acters and spaces.) | | , and a second s |
| Course Descripti | on (Limit of 30 words): | | America de America |
| | | | |
| Co-requisite(s): _ | First Term to | be Offered: | To be come of the control of |
| Prerequisite(s): _ | Credit Hours: | about the state of | |
| Course(s) being o | deleted in place of this addition (must submit o | course deletion form): | |
| CHECKLIST/REQUIRI | EMENTS | | |
| | | de a complete syllabus and route through the d | |
| | | previously taught as a special topics course or by | y creating a new, intended syllabi |
| | n the course. The sample syllabus must at a m COURSE OBJECTIVES | inimum address the following areas: | |
| | COURSE OBJECTIVES | | |
| | SAMPLE TEXT(S) WITH AUTHOR(S) AND PUBLIC | CATION DATE | |
| | NSTRUCTIONAL METHODS (Lecture, Lab, Inter | | |
| | EVALUATION METHODS (Unit/Chapter, Midter | • • • | |
| | | ather department places and a mame to the | ffeeted deportment and include |

- 3. If this course will replace a course that is required by another department, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
- 4. If this course will be similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
- 5. Send a copy of this completed form to the Marshall University Catalog Editor.

SIGNATURES: (If disapproved at any level, do not sign. Return to previous signer.)

| Department Chair/Division Head: | Date: |
|--|-------|
| Registrar: | Date: |
| Librarian: | Date: |
| College Dean: | Date: |
| College Curriculum Chair: | Date: |
| University Curriculum Committee Chair: | Date: |
| Faculty Senate President: | Date: |
| VP Academic Affairs/VP Health Science | Date: |

Request for Undergraduate Course Addition - Page 2

Additional Information Required for Undergraduate Course Addition

| C | ollege: | Department/Division: | Alpha Designator/Number: |
|----|--------------------|---|--|
| | | | rse addition for each topic listed below. Before routing addressing the items listed on the first page of this form. |
| 1 | . Identify by nam | ne the faculty in your department/d | vision who may teach this course. |
| 2 | • | ent/division requires additional fac ioney and time required to secure t | ulty, equipment, or specialized materials, attach an nese items. |
| 3. | . If this course w | ll be required by a department/divi | sion other than your own, identify by name. |
| 4. | . If there are any | agreements required to provide cli | nical experience, attach details and signed agreements. |
| 5. | | ces are deemed inadequate, attach Dean of Libraries. | a plan to overcome this. The plan must include the cost |
| 6. | | olies that need to be purchased; sim | JRSE (this does not refer to additional ply what materials are needed in order to teach this |
| 7. | | ADUATE REQUIREMENTS IF LISTED . RSE (please also submit to Graduate | AS AN UNDERGRADUATE OR • Council course addition for 5xx graduate component): |
| | | | LL PUBLICATIONS RESEARCHED TO CREATE THIS CIAL TO STUDENTS TAKING THIS COURSE (separate |

Request for Undergraduate Course Deletion

| Conege: | Alpha Designator/Number: |
|--|---|
| Contact Person: | Phone: |
| CURRENT COURSE DATA: | |
| Course Title: | |
| Alpha Designator/Number: | Credit Hours: |
| Rationale: | |
| | |
| | |
| Last term course is to be offered (Fill in with appropriate calendar year | ·.): |
| Fall Spring Summer Other | |
| Course being added in place of this deletion (if any): | |
| IOTIFICATION REQUIREMENTS: | |
| Attach a copy of written notification regarding this deletion to t Other departments/divisions who advise students to enroll ir co-requisite. Other departments/divisions who advise students to enroll ir Other departments/divisions that require this course as part Send a copy of this completed form to the Marshall Universit | n this course as a prerequisite or In this course as an approved elective. Of their curriculum. |
| IGNATURES: (If disapproved at any level, do not sign. Return to previous | signer.) |
| Department Chair/Division Head: | Date: |
| Registrar: | Date: |
| Librarian: | |
| College Dean: | Date: |
| College Curriculum Chair: | Date: |
| University Curriculum Committee Chair: | Date: |
| Faculty Senate President: | Date: |
| VP Academic Affairs/VP Health Science | Date: |

Request for Undergraduate Course Change

| College: Department/Division: | | Current Alpha Designator/Number: |
|--|---|--|
| Contact Person: | | Phone: |
| CURRENT COURSE DA | ΓA: | |
| Full Course Title: | | |
| Catalog Title Abbre | viation: | |
| Alpha Designator/N | iumber: | Credit Hours: |
| Term for which cha | nges will be effective (Fill in with appropriate caler | ndar year.): |
| Fall Spring | Summer Other | |
| CHECKLIST/QUESTION | S; | |
| a course number, 2. If this characteristics departments 3. If the characteristics see from the 4. List course 5. If the factor written e 6. If library the cost a 7. Send a co | involving: course title, alpha designator (see course content, credit hours, or catalog descrange will affect other departments that requient and include it with this packet, as well as, anges made to this course will make the course and a memo to the affected department and in affected department. Ses, if any, that will be deleted because of this culty requirements and/or equipment need to estimate of additional needs. The resources are deemed inadequate, include in as stated by the Dean of Libraries. The property of this completed form to the Marshall University of the content of the course of the course of this completed form to the Marshall University. | the response received from the affected department. See similar in title or content to another department's courses, include it with this packet, as well as, the response received so change (must submit course deletion form): The changed upon approval of this proposal, attach a the rationale a plan to overcome this. The plan must include niversity Catalog Editor. |
| IGNATURES: (If disapp | roved at any level, do not sign. Return to previous | |
| Department Chair, | /Division Head: | Date: |
| Registrar: | | Date: |
| Librarian: | | Date: |
| College Dean: | | Date: |
| College Curriculum | Chair: | Date: |
| University Curricul | um Committee Chair: | Date: |
| Faculty Senate Pre | sident: | Date: |
| VP Academic Affair | rs/VP Health Science | Date: |

Request for Undergraduate Course Change — Page 2 Additional Information Required for Undergraduate Course Change

| College: | Department/Division: | Current Alpha Designator/Number: |
|---|---|--|
| Change in CATALOG TITLE: | | |
| From: | | |
| | | (Limit of 25 characters and spaces.) |
| | | |
| Change in ALPHA DESIGNATOR: | YesNo | |
| From:To: | | |
| Change in COURSE NUMBER: | Vec No | |
| From: | | |
| To: | | |
| | | |
| Change in CONTENT: Yes | No | |
| 1101112 | | |
| | | |
| To: | | - |
| | | |
| · | | |
| Change in CREDIT HOURS: | Yes No | |
| (A change in credit hours requires d From: | ocumentation that specifies the v | vork requirements have been adjusted accordingly.) |
| | | |
| То: | | |
| | | |
| | | |
| Change in CATALOG DESCRIPTION (Limit of 30 words. If change is subs | | e. If change is minor, simply show the change below. |
| From: | | |
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| То: | | |
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| and the second section of the second second section of the second section of the second section of the second | mag Part Mark and a change of the first of the control of the change of the change of the control of the change of the control of the control of the change of the control of the control of the change of the control of the control of the change of the control of the control of the change of the control of the change of the | |

Request for Undergraduate Course Change – Page 3

Additional Information Required for Undergraduate Course Change

| College: | Department/Division: | _ Current Alpha Designator/Number: |
|------------------------|----------------------|--|
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| Rationale for changes: | | • |
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Request for Undergraduate Addition, Deletion, or Change of an Area of Emphasis

| College: | Department/Division: | | and the same of th |
|---------------------------------|--|--|--|
| Contact Person: | | | Phone: |
| ACTION REQUESTED: | | | |
| Check action reque | ested: Addition | Deletion | Change |
| Name of Area of En | nphasis: | | |
| Within which Majo | r is/will this Area of Emphasis be listed (plea | se provide code as v | well): |
| RATIONALE: | | | • |
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| | fortidad to a construction (Add to a construction of the following state of the construction of the constr | | and the state of t |
| CURRICULUM: (If addition or cha | inge, number of hours and courses; indicate | if required or optio | nal) May be submitted as separate document. |
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| INTERCATION OF OUR PERSON | read and the second substituting the second substitution for the second of a finish second substitution and a f | ay tan ta ba maga agag an tan ta ta batan ya a ayan anabas | |
| Attach a copy of written notif | ication regarding this curriculum request to | | |
| | Duplication: If this area of emphasis will be end a memo to the affected department and | | |
| from the affected d | epartment. | | |
| time required to sec | cure these items. | | naterials, attach an estimation of money and |
| 3. Send a copy of this of | completed form to the Marshall University C | Catalog Editor. | |
| IGNATURES: (If disapproved at a | any level, do not sign. Return to previous sig | ner.) | |
| Department Chair/Division | Head: | | Date: |
| | | 1 | |
| Registrar: | | | Date: |
| Librarian: | | | Date: |
| College Dean: | ······································ | | Date: |
| | | 1 | Date: |
| 1 | | 1 | |
| University Curriculum Com | mittee Chair: | | Date: |
| Faculty Senate President: | | | Date: |
| VP Academic Affairs/VP He | alth Science | | Date: |

Request for Undergraduate Addition, Deletion, or Change of a Certificate Program

| College: | Department/Division: | | |
|--|--|-----------------------------|---|
| Contact Person: | | | Phone: |
| ACTION REQUESTED: | | | |
| Check action requested: | Addition | Deletion | Change |
| Name of Certificate Program (| provide code if this is an | existing program): | |
| RATIONALE: | | | |
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| TIRRICHILIM: /If addition or change, numb | er of hours and courses. | indicate if required as a | ptional) May be submitted as separate document. |
| .comedicar. (if addition of change, Italia | er or nours and courses, | indicate is required by o | proman may be submitted as superior document. |
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| A STATE OF THE STA | The second section of the second section is a second section of the second section of the second section section is a second section of the second section sec | | ggettistemister et monthiologi im 11 ete et et een metrikken gett monthiolister et een een een 1100 een eeu e |
| NOTIFICATION REQUIREMENTS: Attach a copy of written notification regard | arding this curriculum rec | | |
| 1. Statement of Non-Duplication | n: If this certificate progra | am will be similar in title | or content to an existing certificate program at |
| from the affected department. | | | rith this packet, as well as, the response received |
| If your department/division rec time required to secure these i | | equipment, or specialize | ed materials, attach an estimation of money and |
| 3. Send a copy of this completed | | versity Catalog Editor. | |
| IGNATURES: (If disapproved at any level, de | o not sign. Return to pre | vious signer.) | |
| Department Chair/Division Head: | | | Date: |
| | | | Date: |
| | | | |
| Librarian: | | | Date: |
| College Dean: | | | Date: |
| College Curriculum Chair: | | | Date: |
| University Curriculum Committee Cha | air: | | Date: |
| Faculty Senate President: | | | Date: |
| VP Academic Affairs/VP Health Science | ce | | Date: |

Request for Undergraduate Addition, Deletion, or Change of a Minor

| College: | Department/Division: | | |
|--|--|--|---|
| Contact Person: | | | Phone: |
| CTION REQUESTED: | | | |
| | d: Addition | | |
| Name of Minor: | | | |
| Within which Major is, | will this minor be listed (please | provide code as well): | |
| ATIONAI E: | | | |
| per de la companya de | The state of the s | The state of the s | |
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| | en e | | |
| JRRICULUM: (If addition or change | e, number of hours and courses; | indicate if required or o | ptional) May be submitted as separate document. |
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| OTIFICATION REQUIREMENTS: | | | |
| Attach a copy of written notificate 1. Statement of Non-Dup memo to the affected of | olication: If this minor will be sin | quest to the following: nilar in title or content to | o an existing minor at the university, please send a e response received from the affected |
| department. 2. If your department/div | ision requires additional faculty, | equipment, or specialize | ed materials, attach an estimation of money and |
| time required to secure | | | |
| A CONTRACTOR OF THE PROPERTY O | | | |
| SNATURES: (If disapproved at any | level, do not sign. Return to pre | vious signer.) | |
| Department Chair/Division He | ead: | | Date: |
| Registrar: | | | Date: |
| | | | Date: |
| Librarian: | | | |
| College Dean: | | | Date: |
| College Curriculum Chair: | | | Date: |
| University Curriculum Commit | tee Chair: | | Date: |
| Faculty Senate President: | | | Date: |
| VP Academic Affairs/VP Health | | | Date |

Request for Undergraduate Addition, Deletion, or Change of a Major

| College: | Department/Division: _ | | |
|--|--|--|--|
| Contact Person: | | | Phone: |
| ACTION REQUESTED: | | | 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| Check action requested: | | Deletion | Change |
| | e if this is an existing major) | • | |
| RATIONALE: | | NAMES OF STREET AND ASSOCIATION AND ASSOCIATION OF THE STREET, AND ASSOCIATION OF THE STREET, ASSOCIAT | |
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| :URRICULUM: (If addition or change, num | ber of hours and courses; ir | ndicate if required or o | ptional) May be submitted as separate document. |
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| OTICATION DEDINGRAPATE. | AND THE PERSON OF THE PERSON O | Adversagement of an indicated with the production of the and to be the second of the s | |
| OTIFICATION REQUIREMENTS: Attach a copy of written notification reg | garding this curriculum reou | | |
| 1. Statement of Non-Duplication | on: If this major will be simil | ar in title or content to | an existing major at the university, please send a |
| department. | ment and include it with thi | s packet, as well as, the | e response received from the affected |
| | | quipment, or specialize | ed materials, attach an estimation of money and |
| time required to secure these 3. Send a copy of this completed | | ersity Catalog Editor. | |
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| GNATURES: (If disapproved at any level, of | do not sign. Return to previ | ous signer.) | |
| Department Chair/Division Head: | | | Date: |
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| Registrar: | | | Date: |
| Librarian: | | | Date: |
| College Dean: | | | Date: |
| College Curriculum Chair: | | | Date: |
| University Curriculum Committee Ch | | | Date: |
| Faculty Senate President: | | | Date: |
| | | | |
| VP Academic Affairs/VP Health Scien | ice | | Date: |