Recommendations   Faculty Senate

5-17-1990

SR-89-90-144 (ASCR)

Marshall University

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ACADEMIC STANDARDS AND CURRICULA
REVIEW COMMITTEE
RECOMMENDATION
April 23, 1990

SR-89-90-144 (ASCR)

That the <u>Revised</u> <u>Curriculum</u> <u>Proposal</u> <u>Form</u> be approved.

Faculty Senate President:

Approved: ___Kathryn Cleigh___ Date: __5/17/90__

Disapproved: _____ Date: _____

University President:

Approved: _____ Date: __5/25/90__

Disapproved: _____ Date: _____

Course Change/Deletion/Addition Form, April 10, 1990;   Prepare 13 copies.

Dept._____Alpha Desig. & No._____

REQUEST FOR COURSE CHANGE--DELETION--ADDITION

___CHANGE in existing course (Complete parts A & C; attach course information sheet and support data sheet)

___DELETION of existing course (Complete part B & C.)

___DITION of course (Complete part D; attach course information sheet and support data sheet)

- -

A. Change in Title or Designator: __Yes; __No. (Complete only A & C)

Change in Content: __Yes; __No   Hrs Credit ___present; ___proposed;

Change in Description: __Yes; __No Change becomes effective:_____

Change in Course Number: __Yes; __No Old Alpha Desig. & No._____

Present Title:_____

Proposed Title:_____

New Title Abbrev. (25 char. or less)_____

New Course Description (30 words or less): (Be sure to add prerequisites, which do not count in the 30 word total)

B. Course Deletion: Title:_____

Hours Credit:_____

Last term course is to be offered:_____

Does the deletion of the course affect a major or minor in any other department? __Yes; __No. If YES, have you notified that department? __

C. Reason for Change or Deletion:

D. Course Addition: Title:_____

Hours Credit_____First Term Offered_____

Title Abbreviation (25 characters or less)_____

Course Description (30 words or less): (Be sure to add prerequisites, which do not count in the 30 word total)

Course Being Dropped (if applicable)_____

Secure proper Signatures:

Dept. Chair_____Date:_____

Registrar:_____CIP NO._____Date:_____

Librarian:_____•_____Date:_____
(Signature certifies adequate library resources. See #11, p. 2)

College Curriculum Chair/Dean_____Date:_____

Graduate Committee Chair/Dean_____Date:_____

⌐ ·dards & Curricula Review Committee_____Date:_____

.ty Senate_____Date:_____

V. P. for Academic Affairs:_____Date:_____

President:_____Date:_____
(If disapproved at any level do not sign, but return to previous signer with recommendations attached.)

1. What unique features, if any, are included in this course?

2. Does the department have the faculty to teach the course? If so, please identify. If not, estimate the cost of additional faculty.

3. Attach a written confirmation from other department chairperson(s) where questions of possible duplication or infringement upon their areas exists.

4. What courses in your department are being deleted in favor of this one?

5. Will this course be required in any major area of specialization? If so, please indicate.

6. Is this course a pre-requisite for any other field of study? If so, please indicate:

How frequently do you expect to offer this course?

8. Expected class size?

9. Does the department have the facilities and equipment required by this course? If not, attach a letter detailing plans for obtaining the required facilities and/or equipment.

10. Are any agreements required to provide clinical experience? If yes, please attach details and certification.

11. Attach information for this course as shown by the SAMPLE FORMAT on page 3.

12. If library resources are deemed inadequate, present the plan to overcome the inadequacy including both estimated cost and the time table agreed to by the Director of Libraries which would be recommended to provide the needed materials.

COURSE CHANGE/NEW COURSE INFORMATION
(Please limit this information to two (2) pages.)

PT. & COURSE NO:

TITLE:

CREDIT:

COURSE DESCRIPTION & PREREQUISITES (This description must match the
description on page 1 of this course change request):

COURSE OBJECTIVES:

COURSE OUTLINE:

COURSE ACTIVITIES AND
EVALUATION METHODS:
 (How is this course to be
 taught? Hours per week of
 lecture, laboratory, practicum, etc?
 Testing methods?)

TEXT:

IF UNDERGRADUATE/GRADUATE
LIST ADDITIONAL GRADUATE
REQUIREMENTS:

BIBLIOGRAPHY: