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 Revised Curriculum Proposal Form be approved.

Faculty Senate President:
Approved: Kathryn Leigh Date: 5/14/90

Disapproved: ____________________ Date: ____________________

University President:
Approved: ____________________ Date: 5/35/90

Disapproved: ____________________ Date: ____________________

SR-89-90-144 (ASCR)
REQUEST FOR COURSE CHANGE--DELETION--ADDITION

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: ____________________________
Standards & Curricula Review Committee ____________________________ Date: ____________________________

V. P. for Academic Affairs: ____________________________ Date: ____________________________

President: ____________________________ Date: ____________________________

(If disapproved at any level do not sign, but refer to previous signer with recommendations attached.)
SUPPORT DATA

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?

7. Expected class size?

8. 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.

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

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

11. 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.