**CURRICULUM CHANGE REQUEST** No. CCR (for Curr. Comm. Use)

## Page 1 – Interactive Data and Approval Page - Basic course information

#### SUBMITTAL INFORMATION – CLICK ON EACH FIELD. SOME FIELDS ARE DROP-DOWN MENUS.

**SUBMITTED BY:**       **DATE:** December 17, 2020

**DEPARTMENT:** Choose a department. **COURSE COORDINATOR:**

**MAJOR OR COURSE OF STUDY:**

#### REGISTRAR INFORMATION \*(If the course has a lab component, a separate CCR must be completed for the lab.)

##### CURRENT COURSE SUBJECT & NUMBER:

##### CURRENT COURSE TITLE:

**PROPOSED COURSE SUBJECT & NUMBER: (Number MUST be one which has never been used before)**

**PROPOSED COURSE TITLE:**

**PROPOSED ABBREVIATED COURSE TITLE (30 Characters Max)**

##### CURRENT COURSE UNITS: Lecture     Lab\*    Total      CURRENT COURSE HOURS: Lecture    Lab\*    Total      PROPOSED COURSE UNITS: Lecture     Lab\*    Total      PROPOSED COURSE HOURS: Lecture    Lab\*    Total

**WTU VALUE OF COURSE:**      **COURSE IN THE MAJOR:** YES **[ ]** NO **[ ]**

##### CURRENT GRADING BASIS: Not Applicable PROPOSED GRADING BASIS: Not Applicable

**FINAL EXAM:** (Course will be added to final exam schedule) YES [ ]  NO [ ]

**CLASS LEVEL:** Lower Division [ ]  Upper Division [ ]  Graduate [ ]

##### HEGIS NUMBER/DISCIPLINE: A-D E-K L-M N-Z

##### CSU GENERAL EDUCATION PATTERN/S: Not Applicable and Not Applicable

##### (For a new GE course or a GE change, the CCR must be approved by the GE Committee prior to submission and a GE Committee Recommendation memo must be completed.)

**COMMUNITY SERVICE LEARNING COURSE:** YES**[ ]** NO**[ ]**

**STCW COURSE:** YES [ ]  NO [ ]  (If yes, the CCR must be approved by the STCW Committee prior to submission and a STCW Dept. Chair Questionnaire form must be completed.) **SEATIME EQUIVALENCY:** YES [ ]  NO [ ]

**CS NUMBER:** (recommended class type/size): 00 Not Applicable

**SPACE TYPE:** 0 Not Applicable

**NEW COURSE [ ]  REVISION OF AN EXISTING COURSE** **[ ]  OTHER** **[ ]** Click or tap here to enter text.

**SEMESTER OF IMPLEMENTATION:**       **STUDENTS WHO WILL BE AFFECTED:** All Students (Entering Year)

**GRADUATION REQUIREMENT** **[ ]  ELECTIVE** **[ ]  (**see page 2 instructions)

**PREREQUISITES**:       **CO-REQUISITES**:

**POST-REQUISITES**:      **COURSES FOR WHICH THIS COURSE IS A PREREQUISITE**:

**APPROVALS**

 **Curriculum Committee Chair Dean Provost/VPAA**

 **Date Received** **Date Received** **Date Received**

**CURRICULUM CHANGE REQUEST**

***Page 2 - Instructions for submitting a course for approval.***

A well-documented course proposal must include most of, if not all of, the following components. Please attach the complete course proposal to the page 1 cover for submittal to the Curriculum Committee.

**PURPOSE OF THIS CURRICULUM CHANGE REQUEST**

**(New course, revise course description, revise prerequisites, change method of instruction, change grading basis, STCW changes, etc.**

**Existing -**

**Revised -**

**COURSE DESCRIPTION** (See “Style for Course Descriptions in a Course Catalog”document on Curriculum Committee webpage for samples of course descriptions.)

**(As it will appear in the course catalog.)**

**COURSE GOALS**

**(Describe the main goals and objectives of the course.)**

**COURSE COMPETENCIES**

**(Describe the specific skills that are the intended outcome of the course.)**

**REQUIRED TEXT**

**(Include supplementary and suggested reading.)**

**GRADING CRITERIA AND EVALUATION**

**(Describe the means for grade determination and any relevant weighting schemes, etc.)**

**COURSE REQUIREMENTS**

**(Describe the method of instruction, general assignments, readings, written case analyses, literature searches, hands-on learning, telephone conferences, computer communication, computer applications, examinations, engineering design projects.)**

##### GRADUATION REQUIREMENT

**(If the course is required for graduation, address how other courses in the required curriculum are affected.)**

##### FISCAL IMPLICATIONS

**(Please indicate the fiscal implications of this course. If the course affects the teaching loads or FTEF/FTES of other departments, include a department chair questionnaire form from that department.)**

COURSE ASSESSMENT PLAN

(A course assessment plan consistent with the department assessment and campus assessment programs must be attached.)

**ATI COMPLIANCE**

**All courses must be compliant with the CSU Board of Trustees Policy on Disability Support and Accommodations – Executive Order No. 926 and the Chancellor’s Accessible Technologies Initiative (ATI). The course coordinator and instructor must complete a 50m 45s Lynda.com online course, which can be accessed through the following link on the SEAS Disability Services Information for Faculty webpage:** [**https://www.csum.edu/web/seas/information-for-faculty**](https://www.csum.edu/web/seas/information-for-faculty)**. On the right side of the page, under Video Tutorial Links, Resources, select How to Make Accessible Learning (video). Select “Sign In” and on the next page select “Sign in with your organization portal.” Type in csum.edu. Enter your Cal Maritime Username and Password to access the video. Please email your completion certificate (as a pdf) to Pat Harper, Curriculum Committee Secretary, at** **pharper@csum.edu** **and attach a copy to this CCR.**

**COMMENTS/SPECIAL INSTRUCTIONS**

**(Describe special needs such as room requirements, equipment, computer facilities or programs, library assets.)**