CSUDH

Course Modification Form Checklist

The sections listed below are required on the Course Modification form. Please review the the proposal and check off each section to indicate that the section has been completed and include the completed checklist as the cover page for the proposal. If you have any questions regarding this checklist and/or form, please contact the Office of Academic Programs.

Proposed effective term

Current course information

Select appropriate changes and complete/attach ALL required information

Justification for modification

Special designations (GE, Writing Intensive, Service Learning)

Evidence of consultation with affected departments/programs

Campus-wide sharing (Curriculum Register) synopsis

REQUEST FOR COURSE MODIFICATION

Date:	College:	Dept.:	Extension:
Proposer Name:		Email:	
Proposed Effective Term:			

1. Current Course Information

Course Title:
Course Description:

Course Subject:	Course Number:	Units: _____ Min. _____ Max.

Prerequisites: List all required and recommended prerequisites.

Co-requisites: List all required and recommended prerequisites.

2. **Proposed Modifications**: Check **ALL** changes that apply and complete/attach the relevant information.

Inactivate (Freeze) Course: The course will remain active in the catalog and People Soft, however, will not be currently offered, will be listed as infrequently offered, and can be reactivated upon request.

   i. Attach rationale for course inactivation.

   ii. Will course be replaced by another course?   Yes   No

      If yes, list courses below:

Course Subject	Course Number	Course Title

   iii. Does this change affect another program/department?   Yes   No

      If yes, attach evidence of consultation with affected programs/departments.

   iv. For undergraduate courses, is the course currently articulated with a community college(s), other CSU, or other University?   Yes   No

Discontinue (Retire) Course: This change will remove the course from the catalog and inactive it in People Soft.

   i. Attach rationale for course discontinuation.

   ii. Will course be replaced by another course?   Yes   No

      If yes, list course(s) below:

Course Subject	Course Number	Course Title

   iii. Does this change affect another program/department?   Yes   No

      If yes, please provide evidence of consultation with affected programs/departments.

   iv. For undergraduate courses, is the course currently articulated with a community college(s), other CSU, or other University?   Yes   No

Course Subject: _____

Course Number: _____

Course Title:

_____

Unit Value: Complete and attach the unit count template if the change affects the total program units.

    i.   Min. _____   Max. _____

Repeatable for credit

    i.   Max number of units: _____.

    ii.   Max number of completions _____.

    iii.   Multiple sections in same term: Y   N

Course Description

Prerequisite(s): Include required and recommended perquisites.

Co-requisite(s): Include required and recommended co-requisites.

Course Utilization: List academic programs where course will be utilized.

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Grading Method (Check all that apply)

A-F and CR/NC by petition

CR/NC

A-C/NC (available for undergraduate courses only)

A-C-/NC (available for undergraduate GE Basic Skills courses only)

A-B/NC (available for graduate courses only)

RP (available for graduate courses only)

Method of Delivery (Check all that apply)

Face-to-face

Online

Hybrid   % online _____   %face-to-face _____

Television

Off Campus
   - Include preliminary list of **all** requested location/facilities

Mode of Instruction (Check all that apply and identify CS# and # of units.)

Lecture   C/S# _____   # of units _____

Seminar   C/S# _____   # of units _____

Laboratory   C/S# _____   # of units _____

Activity   C/S# _____   # of units _____

Production   C/S# _____   # of units _____

Supervision   C/S# _____   # of units _____

Enrollment Restrictions (e.g., seniors only, restricted to majors only, etc.)

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3. Complete and attach the following

   i.   Attach rationale for the proposed modification(s) addressing the following:

      a. identify the course as it is currently built (i.e., grading method, mode of instruction, enrollment restrictions, modality, etc.) and explain the need for the curse changes;

      b. the need for the course, including whether being proposed in response to academic program review or accreditation recommendations and any other relevant data and/or documentation

      c. the level of course and prerequisites, including having NO prerequisites for a 300, 400, or 500 level course

      d. CR/NC only grading

   ii. If proposing change to course description or prerequisite or co-requisite, complete and attach the SLO to PLO matrix demonstrating how the assignments align to the SLOs and how the SLOs align to the Program Learning Outcomes.

   iii. If proposing an existing course for GE:

      a. Identify Area _____

      b. Complete GE Program Learning Outcome Matrix and attach

   iv. If proposing an existing course to have a special designation:

      a. Select special designation
             Writing Intensive

             Service Learning

      b. Include rationale for special designation.

   v. Does this proposal affect another department(s)   Yes   No
      If yes:
      a. List affected department(s)

      b. Attach evidence of consultation with the affected departments.

   vi. Curriculum Register Synopsis: Include summary of changes to be posted for campus-wide sharing.

1.		
Faculty Proposer (Print)	**Signature**	**Date**
2.		
Department Chair/Program Coordinator (Print) List names of department faculty who approved this proposal. (Note: The number of names listed must constitute a simple majority of voting faculty members in the department.)	**Signature**	**Date**
3.		
Dept. Curriculum Com. Chair/ Faculty Designee (Print)	**Signature**	**Date**
4.		
College Curriculum Committee Chair (Print)	**Signature**	**Date**
5.		
University Curriculum Committee Chair (Print)	**Signature**	**Date**
6.		
VPAA/Designee (Print)	**Signature**	**Date**