

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

COURSE MODIFICATION PROPOSAL

DATE: NOVEMBER 7, 2005
PROGRAM AREA EDUCATION

1. Catalog Description of the Course. *[Follow accepted catalog format.]*
(If Cross-listed please submit a form for each prefix being modified)

OLD				NEW			
Prefix EDUC	Course# 521	Title Field Experience	Units (1)	Prefix	Course#	Title	Units ()
3 hours	per week			hours	per week		
☐ Prerequisites				☐ Prerequisites			
☒ Corequisites	EDUC 520			☐ Corequisites			
Description Participatory observaton in selected schools under the supervision of classroom teacher and university supervisor.				Description Participatory observaton in selected schools under the supervision of classroom teacher and university supervisor. Fingerprint clearance is required.			
☐ Gen Ed Categories		Graded ☒ CR/NC	☒ Repeatable for up to 5 units	☐ Gen Ed Categories		Graded ☐ CR/NC	☐ Repeatable for up to units
☐ Lab Fee Required		☐ A - Z		☐ Lab Fee Required		☐ A - Z	

2. Mode of instruction

<u>Existing</u>					<u>Proposed</u>				
	Units	Hour Per Unit	Benchmark Enrollment	CS# Units (filled out by Dean)		Units	Hour Per Unit	Benchmark Enrollment	CS# Units (filled out by Dean)
Lecture	_____	_____	_____	_____	Lecture	_____	_____	_____	_____
Seminar	_____	_____	_____	_____	Seminar	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____	Laboratory	_____	_____	_____	_____
Activity	<u>1</u>	<u>3</u>	<u>Variable</u>	_____	Activity	_____	_____	_____	_____

3. Course Content in Outline Form if Being Changed. *[Be as brief as possible, but use as much space as necessary]*

OLD	NEW
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4. Justification and Learning Objectives for the Course. (Indicate whether required or elective, and whether it meets University Writing, and/or Language requirements) *[Use as much space as necessary]*

OLD	NEW
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5. References. *[Provide 3-5 references on which this course is based and/or support it.]*

OLD	NEW
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6. Indicate Changes and Justification for Each. *[Check all that apply and follow with justification. Be as brief as possible but, use as much space as necessary.]*

- ☐ Course title
- ☐ Prefix/suffix
- ☐ Course number

- ☐ Units
- ☐ Staffing formula and enrollment limits
- ☐ Prerequisites/corequisites
- ☒ Catalog description
- ☐ Course content
- ☐ References
- ☐ GE
- ☐ Other

Justification This course must be changed because the public schools where we place our students increasingly are requiring fingerprint clearance of the students. This means that the student is fingerprinted and the prints are sent to the Department of Justice and FBI to check to see if the student has felony convictions.

7. If this modification results in a GE-related change indicate GE category affected and Attach a GE Criteria Form:

A (English Language, Communication, Critical Thinking)

- A-1 Oral Communication ☐
- A-2 English Writing ☐
- A-3 Critical Thinking ☐

B (Mathematics, Sciences & Technology)

- B-1 Physical Sciences ☐
- B-2 Life Sciences – Biology ☐
- B-3 Mathematics – Mathematics and Applications ☐
- B-4 Computers and Information Technology ☐

C (Fine Arts, Literature, Languages & Cultures)

- C-1 Art ☐
- C-2 Literature Courses ☐
- C-3a Language ☐
- C-3b Multicultural ☐

D (Social Perspectives)

- E (Human Psychological and Physiological Perspectives) ☐

- UD Interdisciplinary ☐

8. New Resources Required. YES ☐ NO ☒

If YES, list the resources needed and obtain signatures from the appropriate programs/units on the consultation sheet below.

- a. Computer (data processing), audio visual, broadcasting needs, other equipment)
- b. Library needs
- c. Facility/space needs

9. Will this course modification alter any degree, credential, certificate, or minor in your program? YES ☐ NO ☒

If, YES attach a program modification form for all programs affected.

Joan Karp
Proposer of Course Modification

11/4/05
Date

Approvals

Program Chair

Date

Curriculum Committee Chair

Date

Dean

Date