

EDISON STATE COLLEGE
CURRICULUM COMMITTEE
CHANGE OF COURSE PROPOSAL FORM

TO: CURRICULUM COMMITTEE
FROM: Theo Koupelis
PRESENTER: Peggy Romeo
DATE: 2/19/10

TYPE OF COURSE CHANGE: Check all that apply.

<input type="checkbox"/>	Change to course number
<input type="checkbox"/>	Change to course title
<input type="checkbox"/>	Change to course description
<input type="checkbox"/>	Change to course co-requisites
<input checked="" type="checkbox"/>	Change to course prerequisites
<input type="checkbox"/>	Change to course learning outcomes**
<input type="checkbox"/>	Change to course transfer designation
<input checked="" type="checkbox"/>	Change to course credits
<input type="checkbox"/>	Other (specify)

Course Name, including prefix and number: **MCB 2010C: Microbiology**

Class credits: from **5** to **4**

Lab credits: from to

Combined lab & class credits: from to

From AA/AP to AS/PSV From AS/PSV to AA/AP

From AS to BS

From degree core requirement to elective OR

From elective to degree core requirement

From part of general education program to not part of general education program

OR From not part of general education program to part of general education program

Change in prerequisites

from: **Minimum of a "C" in BSC 1080 for students who wish to enroll in a Health Professions program of studies at Edison State College or minimum of a "C" in BSC 1010 for students seeking to leave Edison State College and enroll in Health Professions degrees elsewhere**

to: **Minimum of a "C" in {BSC 1010 and BSC 1010L} or testing.**

Change in co-requisite from to

Is there a Major Restriction? yes no (meaning only declared majors may take the course)

Course fee change from to (Attach course fee worksheet, if applicable)

JUSTIFICATION FOR CURRICULUM ACTION, OTHER EXPLANATORY INFORMATION:

Effective Summer 2010, BSC1080 will no longer be offered. As such, the appropriate prerequisite for MCB 2010C is BSC1010 and its corresponding lab component. The option for testing is included to accommodate students in the Health Sciences but it is open to all students.

The change in credit hours will help programs in the Health Sciences. The number of contact hours remains at five and as such students will still get the same amount of total instructional time.

TERM IN WHICH PROPOSED ACTION WILL TAKE EFFECT: ___ Summer 2010 ___
(For any term other than fall of the academic year following submission, approval of the Vice President of Academic and Student Affairs is required.)

_____ Date _____
Signature of Vice President of Academic and Student Affairs (if required)

FACULTY ENDORSEMENTS:

The science faculty strongly support this change and have held numerous discussions on this issue during department meetings and with colleagues from the Health Sciences since Spring 2009.

DEPARTMENT CHAIR OR PROGRAM COORDINATOR'S ENDORSEMENT:
_____ **DATE:** _____

ASSOCIATE/ ACADEMIC DEAN ENDORSEMENT: _____ **DATE:** _____

STUDENT ASSESSMENT COMMITTEE CHAIR: _____ **DATE:** _____

DISTRICT DEAN OF INSTRUCTION ENDORSEMENT: _____ **DATE:** _____

After reviewing and signing this proposal, the District Dean will return the proposal to the Department Chair or Program Coordinator.

The Department Chair/Program Coordinator will send this proposal along with any other proposals from his/her department being submitted for review by the Curriculum Committee to the Office of the Vice President of Academic and Student Affairs by the Friday before the next scheduled Curriculum Committee meeting.

Fall 2009