

**EDISON STATE COLLEGE**  
**CURRICULUM COMMITTEE**  
**CHANGE OF COURSE PROPOSAL FORM**

**TO:** CURRICULUM COMMITTEE  
**FROM:** Deborah Howard  
**PRESENTER:**  
**DATE:** 3/23/2010

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

Course Name, including prefix and number:

HIM1000 Introduction to Health Information Management

Class credits: from to

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 to

Change in co-requisite from HIM1430, HAS1000 to None

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:

**Change needed for program accreditation sequence standards.**

**TERM IN WHICH PROPOSED ACTION WILL TAKE EFFECT: **FALL 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:**

**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