

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 checked="" 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: HIM1430 Principles of Disease

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 None to HSC1531 with a grade of "C" or better

Change in co-requisite from HIM1000, 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: 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:

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