**CURRICULUM CHANGE REQUEST** No. CCR (for Curr. Comm. Use)

## Page 1 – Interactive Data and Approval Page - Basic course information

#### SUBMITTAL INFORMATION – CLICK ON EACH FIELD. SOME FIELDS ARE DROP-DOWN MENUS.

**SUBMITTED BY:**       **DATE:** April 2, 2025

**DEPARTMENT:** Choose a department. **COURSE COORDINATOR:**

**MAJOR OR COURSE OF STUDY:**

#### REGISTRAR INFORMATION \*(If the course has a lab component, a separate CCR must be completed for the lab.)

##### CURRENT COURSE SUBJECT & NUMBER:

##### CURRENT COURSE TITLE:

**PROPOSED COURSE SUBJECT & NUMBER: (Number MUST be one which has never been used before)**

**PROPOSED COURSE TITLE:**

**PROPOSED ABBREVIATED COURSE TITLE (30 Characters Max)**

##### CURRENT COURSE UNITS: Lecture     Lab\*    Total      CURRENT COURSE HOURS: Lecture    Lab\*    Total      PROPOSED COURSE UNITS: Lecture     Lab\*    Total      PROPOSED COURSE HOURS: Lecture    Lab\*    Total

**WTU VALUE OF COURSE:**      **COURSE IN THE MAJOR:** YES **[ ]** NO **[ ]**

##### CURRENT GRADING BASIS: Not Applicable PROPOSED GRADING BASIS: Not Applicable

**FINAL EXAM:** (Course will be added to final exam schedule) YES [ ]  NO [ ]

**CLASS LEVEL:** Lower Division [ ]  Upper Division [ ]  Graduate [ ]

##### HEGIS NUMBER/DISCIPLINE: A-D E-K L-M N-Z

##### CSU GENERAL EDUCATION PATTERN/S: Not Applicable and Not Applicable

##### (For a new GE course or a GE change, the CCR must be approved by the GE Committee prior to submission and a GE Committee Recommendation memo must be completed.)

**COMMUNITY SERVICE LEARNING COURSE:** YES**[ ]** NO**[ ]**

**STCW COURSE:** YES [ ]  NO [ ]  (If yes, the CCR must be approved by the STCW Committee prior to submission and a STCW Dept. Chair Questionnaire form must be completed.) **SEATIME EQUIVALENCY:** YES [ ]  NO [ ]

**CS NUMBER:** (recommended class type/size): 00 Not Applicable

**SPACE TYPE:** 0 Not Applicable

**NEW COURSE [ ]  REVISION OF AN EXISTING COURSE** **[ ]  OTHER** **[ ]** Click or tap here to enter text.

**SEMESTER OF IMPLEMENTATION:**       **STUDENTS WHO WILL BE AFFECTED:** All Students (Entering Year)

**GRADUATION REQUIREMENT** **[ ]  ELECTIVE** **[ ]  (**see page 2 instructions)

**PREREQUISITES**:       **CO-REQUISITES**:

**POST-REQUISITES**:      **COURSES FOR WHICH THIS COURSE IS A PREREQUISITE**:

**APPROVALS**

 **Curriculum Committee Chair School Dean Executive Dean**

 **Date Received** **Date Received** **Date Received**

**CURRICULUM CHANGE REQUEST**

***Page 2 - Instructions for submitting a course for approval.***

A well-documented course proposal must include most of, if not all of, the following components. Please attach the complete course proposal to the page 1 cover for submittal to the Curriculum Committee.

**PURPOSE OF THIS CURRICULUM CHANGE REQUEST**

**(New course, revise course description, revise prerequisites, change method of instruction, change grading basis, STCW changes, etc.**

**Existing -**

**Revised -**

**COURSE DESCRIPTION** (See “Style for Course Descriptions in a Course Catalog”document on Curriculum Committee webpage for samples of course descriptions.)

**(As it will appear in the course catalog.)**

**COURSE GOALS**

**(Describe the main goals and objectives of the course.)**

**COURSE COMPETENCIES**

**(Describe the specific skills that are the intended outcome of the course.)**

**REQUIRED TEXT**

**(Include supplementary and suggested reading.)**

**GRADING CRITERIA AND EVALUATION**

**(Describe the means for grade determination and any relevant weighting schemes, etc.)**

**COURSE REQUIREMENTS**

**(Describe the method of instruction, general assignments, readings, written case analyses, literature searches, hands-on learning, telephone conferences, computer communication, computer applications, examinations, engineering design projects.)**

##### GRADUATION REQUIREMENT

**(If the course is required for graduation, address how other courses in the required curriculum are affected.)**

##### FISCAL IMPLICATIONS

**(Please indicate the fiscal implications of this course. If the course affects the teaching loads or FTEF/FTES of other departments, include a department chair questionnaire form from that department.)**

COURSE ASSESSMENT PLAN

(A course assessment plan consistent with the department assessment and campus assessment programs must be attached.)

**ATI COMPLIANCE**

**All courses and faculty must be compliant with the CSU Board of Trustees Policy on Disability Support and Accommodations – Executive Order No. 926 and the Chancellor’s Accessible Technologies Initiative (ATI).**

**COMMENTS/SPECIAL INSTRUCTIONS**

**(Describe special needs such as room requirements, equipment, computer facilities or programs, library assets.)**