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| For Academic Affairs and Research Use Only | |
| CIP Code: |  |
| Degree Code: |  |

**Course Revision Proposal Form**

**[ X] Undergraduate Curriculum Council**

**[ ] Graduate Council**

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

Email completed proposals to [curriculum@astate.edu](mailto:curriculum@astate.edu) for inclusion in curriculum committee agenda.

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| Joy Good 10/7/2019 **Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **COPE Chair (if applicable)** |
| Amy Shollenbarger 10/7/2019 **Department Chair:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Head of Unit (If applicable)** |
| Shanon Brantley 11/6/2019 **College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Undergraduate Curriculum Council Chair** |
| Susan Hanrahan 11/6/2019 **College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Graduate Curriculum Committee Chair** |
| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **General Education Committee Chair (If applicable)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Vice Chancellor for Academic Affairs** |

1. Contact Person (Name, Email Address, Phone Number)

Amy Shollenbarger, [ashollenbarger@astate.edu](mailto:ashollenbarger@astate.edu), 972-3106

2. Proposed Starting Term and Bulletin Year for Change to Take Effect

Fall 2020

3. Current Course Prefix and Number

CD 4502

3.1 – **[No]** Request for Course Prefix and Number change

If yes, include new course Prefix and Number below. *(Confirm that number chosen has not been used before. For variable credit courses, indicate variable range. Proposed number for experimental course is 9. )*

Enter text...

3.2 – **Yes / No** If yes, has it been confirmed that this course number is available for use?

*If no: Contact Registrar’s Office for assistance.*

4. Current Course Title

Advanced Manual Communication

4.1 – **[Yes]** Request for Course Title Change

If yes, include new Course Title Below.

American Sign Language II

1. If title is more than 30 characters (including spaces), provide short title to be used on transcripts. *Title cannot have any symbols (e.g. slash, colon, semi-colon, apostrophe, dash, and parenthesis).*

Enter text...

1. Please indicate if this course will have variable titles (e.g. independent study, thesis, special topics).

Enter text...

5. – **[No ]** Request for Course Description Change.

If yes, please include brief course description (40 words or fewer) as it should appear in the bulletin.

Enter text...

6. – [No ] Request for prerequisites and major restrictions change.

*(If yes, indicate all prerequisites. If this course is restricted to a specific major, which major. If a student does not have the prerequisites or does not have the appropriate major, the student will not be allowed to register).*

1. **Yes / No** Are there any prerequisites?
   1. If yes, which ones?

Enter text...

* 1. Why or why not?

Enter text...

1. **Yes / No** Is this course restricted to a specific major?
   1. If yes, which major? Enter text...

7. – [Yes ] Request for Course Frequency Change(e.g. Fall, Spring, Summer). *Not applicable to Graduate courses.*

a. If yes, please indicate current and new frequency: This course is offered Fall and Spring.

Enter text...

8. – [No ] Request for Class Mode Change

*If yes, indicate if this course will be lecture only, lab only, lecture and lab, activity, dissertation, experiential learning, independent study, internship, performance, practicum, recitation, seminar, special problems, special topics, studio, student exchange, occupational learning credit, or course for fee purpose only (e.g. an exam)? Please* *indicate the current and choose one.*

Enter text...

9. – [No ] Request for grade type change

*If yes, what is the current and the new grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])*

Enter text...

10. No Is this course dual listed (undergraduate/graduate)?

a. If yes, indicate course prefix, number and title of dual listed course.

Enter text...

11. No Is this course cross listed?

*(If it is, all course entries must be identical including course descriptions. Submit appropriate documentation for requested changes. It is important to check the course description of an existing course when adding a new cross listed course.)*

**11.1** – If yes, please list the prefix and course number of cross listed course.

Enter text...

**11.2** – **Yes / No** Are these courses offered for equivalent credit?

Please explain. Enter text...

12. No Is this course change in support of a new program?

a. If yes, what program?

Enter text...

13. No Does this course replace a course being deleted?

a. If yes, what course?

Enter text...

14. No Will this course be equivalent to a deleted course or the previous version of the course?

a. If yes, which course?

Enter text...

15. No Does this course affect another program?

If yes, provide confirmation of acceptance/approval of changes from the Dean, Department Head, and/or Program Director whose area this affects.

Enter text...

16. Does this course require course fees?

*If yes: Please attach the New Program Tuition and Fees form, which is available from the UCC website.*

**Revision Details**

17. Please outline the proposed revisions to the course.

*Include information as to any changes to course outline, special features, required resources, or in academic rationale and goals for the course.*

We want to change the course name.

18. Please provide justification to the proposed changes to the course.

The new course name better reflects the content of the class, and we believe more students will take it.

19. No Do these revisions result in a change to the assessment plan?

*\*If yes: Please complete the Assessment section of the proposal on the next page.*

*\*If no: Skip to Bulletin Changes section of the proposal.*

***\*See question 19 before completing the Assessment portion of this proposal.***

**Assessment**

**Relationship with Current Program-Level Assessment Process**

20. What is/are the intended program-level learning outcome/s for students enrolled in this course? Where will this course fit into an already existing program assessment process?

Enter text...

21. Considering the indicated program-level learning outcome/s (from question #23), please fill out the following table to show how and where this course fits into the program’s continuous improvement assessment process.

*For further assistance, please see the ‘Expanded Instructions’ document available on the UCC - Forms website for guidance, or contact the Office of Assessment at 870-972-2989.*

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| **Program-Level Outcome 1 (from question #23)** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Assessment Measure | Please include direct and indirect assessment measure for outcome. |
| Assessment  Timetable | What semesters, and how often, is the outcome assessed? |
| Who is responsible for assessing and reporting on the results? | Who (person, position title, or internal committee) is responsible for assessing, evaluating, and analyzing results, and developing action plans? |

*(Repeat if this new course will support additional program-level outcomes)*

**Course-Level Outcomes**

22. What are the course-level outcomes for students enrolled in this course and the associated assessment measures?

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| **Outcome 1** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Which learning activities are responsible for this outcome? | List learning activities. |
| Assessment Measure | What will be your assessment measure for this outcome? |

*(Repeat if needed for additional outcomes)*

**Bulletin Changes**

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| **Instructions** |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Follow the following guidelines for indicating necessary changes.**  **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.**  - Deleted courses/credit hours should be marked with a red strike-through (~~red strikethrough~~)  - New credit hours and text changes should be listed in blue using enlarged font (blue using enlarged font).  - Any new courses should be listed in blue bold italics using enlarged font (***blue bold italics using enlarged font***)  *You can easily apply any of these changes by selecting the example text in the instructions above, double-clicking the ‘format painter’ icon 🡪 , and selecting the text you would like to apply the change to.*  *Please visit* [*https://youtu.be/yjdL2n4lZm4*](https://youtu.be/yjdL2n4lZm4) *for more detailed instructions.* |

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CD 4502. ~~Advanced Manual Communication~~ American Sign Language II  An advanced course designed to continue development of basic language skills in American Sign Language and Signing Exact English.

Prerequisite, Instructor permission. ~~Spring.~~ Fall, Spring

CD 4553. Craniofacial Anomalies and Communication Disorders   A study of the speech, language, hearing, and swallowing disorders associated with cleft palate and other craniofacial syndromes. Prerequisites, Admission to the UG Program in Communication Disorders. Fall.

CD 4703. Articulation and Phonological Disorders Principles and procedures for assessment, treatment, and facilitative techniques in disorders of articulation and phonology affecting various ages and cultures. Admission to the Communication Disorders program required. Prerequisite, CD 2203. Dual-listed with CD 5703. Fall.

CD 4753. Clinical Practice I Students will provide direct clinical services, gain practice in critical thinking, team-building, assessment, report writing, development of treatment plans, and session plans. Prerequisites, CD 3803, CD 4303, and CD 4703. Spring.

CD 4755. Practicum in Communication Disorders  Clinical experience with clients with speech, language, and acoustical disabilities. Must meet requirements for student teaching. Demand.

CD 480V. Special Topics Workshop   A specially designed series of learning experiences to enhance the professional capabilities of speech pathologists. Opportunity for participants to engage in meaningful learning activities and interact with recognized professionals in the field. Course may be repeated for credit. Demand.

CD 4873. Research Problems in Communication Disorders  Individual research problems in communication sciences and disorders arranged in consultation with the instructor. Restricted senior level students in the Department of Communication Disorders. Prerequisites, PSY 3103 and 3101, or SOC 3383 and 3381, or COMS 3363, or STAT 3233. Demand.

CD 489V. Independent Study in Communication Disorders  Student may engage in studying specific problems in Communicative Disorders. May not be repeated. Prerequisites, Senior standing and approval from professor and department chair. Demand.