

ORIGINATOR'S SECTION:														
1. College: <input checked="" type="checkbox"/> CHABSS <input type="checkbox"/> CoBA <input type="checkbox"/> CoEHHS <input type="checkbox"/> CSM	Desired Term and Year of Implementation (e.g., Fall 2008): Spring 2016													
2. Course is to be considered for G.E.? (If yes, also fill out appropriate GE form*) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specific topics may request G.E. certification)														
3. Course will be a variable-topics (generic) course? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ("generic" is a placeholder for topics)														
4. Course abbreviation and Number:* VSAR 180														
5. Title: (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.) Topics in Visual Art and Arts and Technology														
6. Abbreviated Title for PeopleSoft: (no more than 25 characters, including spaces) Topics in Vis Art or Tech														
7. Number of Units: 1-3														
8. Catalog Description: (Not to exceed 80 words; language should conform to catalog copy. Please consult the catalog for models of style and format; include all necessary information regarding consent for enrollment, pre- and/or corequisites, repeated enrollment, crosslisting, as detailed below. Such information does <u>not</u> count toward the 80-word limit.) Selected topics in visual art or arts and technology.														
9. Why is this course being proposed? There is no topics course container in the VSAR and A&T program and we need one to offer topics.														
10. Mode of Instruction* For definitions of the Course Classification Numbers: http://www.csusm.edu/academic_programs/curriculumschedule/catalogcurricula/DOCUMENTS/Curricular_Forms_Tab/Instructional%20Mode%20Conventions.pdf														
	<table border="1"> <thead> <tr> <th>Type of Instruction</th> <th>Number of Credit Units</th> <th>Instructional Mode (Course Classification Number)</th> </tr> </thead> <tbody> <tr> <td>Lecture</td> <td>1-3</td> <td>C2</td> </tr> <tr> <td>Activity</td> <td>1-3</td> <td>C7</td> </tr> <tr> <td>Lab</td> <td></td> <td></td> </tr> </tbody> </table>	Type of Instruction	Number of Credit Units	Instructional Mode (Course Classification Number)	Lecture	1-3	C2	Activity	1-3	C7	Lab			
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Lecture	1-3	C2												
Activity	1-3	C7												
Lab														
11. Grading Method:* <input checked="" type="checkbox"/> Normal (N) (Allows Letter Grade +/-, and Credit/No Credit) <input type="checkbox"/> Normal Plus Report-in-Progress (NP) (Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress) <input type="checkbox"/> Credit/No Credit Only (C) <input type="checkbox"/> Credit/No Credit or Report-in-Progress Only (CP)														
12. If the (NP) or (CP) grading system was selected, please explain the need for this grade option.														
13. Course Requires Consent for Enrollment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Faculty <input type="checkbox"/> Credential Analyst <input type="checkbox"/> Dean <input type="checkbox"/> Program/Department - Director/Chair														
14. Course Can be Taken for Credit More than Once? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? 4 (including first offering) Up to 4 unique offerings or 12 units														
15. Is Course Crosslisted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which course _____ and check "yes" in item #22 below.														
16. Prerequisite(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
17. Corequisite(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
18. Documentation attached: N/A														

* If Originator is uncertain of this entry, please consult with Program/Department Director/Chair

Syllabus Detailed Course Outline N/A

19. If this course has been offered as a topic, please enter topic abbreviation, number, and suffix:*

20. How often will this course be offered once established? * N/A as this is the Topics course

PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION:
(Mandatory information – all items in this section must be completed.)

21. Does this course fulfill a requirement for any major (i.e., core course or elective for a major, majors in other departments, minors in other departments)? Yes No

If yes, please specify:
 Elective for VSAR, Arts & Technology

22. Does this course impact other discipline(s)? *(If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.)* Yes No

If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

Discipline _____	Signature _____	Date _____	Support _____	Oppose _____
Discipline _____	Signature _____	Date _____	Support _____	Oppose _____

SIGNATURES : (COLLEGE LEVEL) :

(UNIVERSITY LEVEL)

Luey HG Solomon [Signature] 9/10/2015
 1. Originator (please print or type name) Date

[Signature] 9/25/15
 2. Program Director/Chair Date

[Signature] 2/3/16
 3. College Curriculum Committee Date

[Signature] 2/3/16
 4. College Dean (or Designee) Date

 5. UCC Committee Chair Date

 6. Vice President for Academic Affairs (or Designee) Date

 7. President (or Designee) Date



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