


<b>ORIGINATOR'S SECTION:</b>	
1. College: <input type="checkbox"/> CHABSS <input type="checkbox"/> CoBA <input checked="" type="checkbox"/> CoEHHS <input type="checkbox"/> CSM	Desired Term and Year of Implementation (e.g., Fall 2008): Fall 2017
2. Current Course abbreviation and Number: MSW 510	

TYPE OF CHANGE(S). Check ☒ all that apply.

Course Number Change	<input type="checkbox"/>	Delete Prerequisite	<input checked="" type="checkbox"/>	Other Prerequisite Change	<input type="checkbox"/>
Course Title Change	<input checked="" type="checkbox"/>	Add Corequisite	<input type="checkbox"/>	Grading Method Change	<input type="checkbox"/>
Unit Value Change	<input type="checkbox"/>	Delete Corequisite	<input checked="" type="checkbox"/>	Mode of Instruction Change (C/S Number)	<input type="checkbox"/>
Description Change	<input checked="" type="checkbox"/>	Add Consent for Enrollment	<input type="checkbox"/>	Consider for G.E. If yes, also fill out appropriate GE form.	<input type="checkbox"/>
Add Prerequisite	<input type="checkbox"/>	Delete Consent for Enrollment	<input type="checkbox"/>	Cross-list	<input type="checkbox"/>

Information in this section— both current and new — is required only for items checked (☒) above.**NEW INFORMATION:****CURRENT INFORMATION:**

3. Title: <b>Generalist Practice I</b>			Course abbreviation and Number:		
4. Abbreviated Title for Banner (no more than 25 characters):			Title: (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.) <b>Generalist Practice I: Individuals</b>		
5. Number of Units:			Abbreviated Title for PeopleSoft: (no more than 25 characters, including spaces)		
6. Catalog Description:  Generalist social work practice with individuals, families, groups, organizations, and communities. Foundational knowledge, values, principles, and skills. Evidence-based practice and multicultural contexts.  			Number of Units:		
7. Mode of Instruction* (See pages 17-23 at <a href="http://www.calstate.edu/cim/data-elem-dic/APDB-Transaction-DED-SectionV.pdf">http://www.calstate.edu/cim/data-elem-dic/APDB-Transaction-DED-SectionV.pdf</a> for definitions of the Course Classification Numbers)			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.)  Addresses generalist social work practice with diverse individuals within a person in environment perspective. Emphasizes core social work knowledge, values, and skills within the context of evidence informed engagement, assessment, intervention, and evaluation.		
Type of Instruction	Number of Credit Units	Instructional Mode (Course Classification Number)	Type of Instruction	Number of Credit Units	Instructional Mode (Course Classification Number)
Lecture			Lecture		
Activity			Activity		
Lab			Lab		
8. Grading Method:*			Grading Method:*		
<input type="checkbox"/> Normal (N) (Allows Letter Grade +/-, and Credit/No Credit)			<input 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"/> 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 Only (C)		
<input type="checkbox"/> Credit/No Credit or Report-in-Progress Only (CP)			<input type="checkbox"/> Credit/No Credit or Report-in-Progress Only (CP)		

## CURRENT INFORMATION:

## NEW INFORMATION:

9. If the NP or CP grading system was selected, please explain the need for this grade option.	
10. Course Requires Consent for Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Faculty <input type="checkbox"/> Credential Analyst <input type="checkbox"/> Dean <input type="checkbox"/> Program/Department/Director/Chair	Course Requires Consent for Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Faculty <input type="checkbox"/> Credential Analyst <input type="checkbox"/> Dean <input type="checkbox"/> Program/Department/Director/Chair
11. Course Can be Taken for Credit More than Once? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times (including first offering)	Course Can be Taken for Credit More than Once? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times (including first offering)
12. Is Course Cross Listed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which course	Is Course Cross-listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which course and check "yes" in item #17 below.
13. Prerequisite(s): Admission to MSW Program	Prerequisite(s): None- remove prerequisite
14. Corequisite(s): MSW 540	Corequisite(s): None- remove corequisite
15. Documentation attached: <input type="checkbox"/> Syllabus <input type="checkbox"/> Detailed Course Outline	

## PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION:

(Mandatory information – all items in this section must be completed.)

16. 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:

Required course for MSW program only.

17. Does this course change impact other discipline(s)? (If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.) Check "yes" if the course is cross-listed. ☐ 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

18. Reason(s) for changing this course:

## SIGNATURES : (COLLEGE LEVEL) :

## (UNIVERSITY LEVEL)

Blake Beecher 9/19/2016  
1. Originator (Please Print) Date

5. UCC Committee Chair Date

9/19/2016

2. Program Director/Chair Date

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

3. College Curriculum Committee Date

7. President (or Designee) Date

4. College Dean (or Designee) Date