

ORIGINATOR'S SECTION:	
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 541	

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 type="checkbox"/>	Add Corequisite	<input type="checkbox"/>	Grading Method Change	<input type="checkbox"/>
Unit Value Change	<input type="checkbox"/>	Delete Corequisite	<input 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:			Course abbreviation and Number:		
3. Title:			Title: (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)		
4. Abbreviated Title for Banner (no more than 25 characters):			Abbreviated Title for PeopleSoft: (no more than 25 characters, including spaces)		
5. Number of Units:			Number of Units:		
6. Catalog Description: Second course of a foundation two-semester sequence. Supervised practice in a social services or related agency developing basic micro, mezzo, and macro skills with an emphasis on culturally competent social work practice. Field seminar and 16 hours weekly supervised agency field experience.			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.) Second course of a foundation two-semester sequence. Supervised practice in a social services or related agency developing basic micro, mezzo, and macro skills with an emphasis on culturally informed social work practice. Field seminar and 16 hours weekly supervised agency field experience.		
7. Mode of Instruction* (See pages 17-23 at http://www.calstate.edu/cim/data-elem-dic/APDB-Transaction-DED-SectionV.pdf for definitions of the Course Classification Numbers)					
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 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)			<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"/> Credit/No Credit Only (C) <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: MSW 540	Prerequisite(s): remove prerequisite of admission, keep prerequisite of MSW 540
14. Corequisite(s):	Corequisite(s):
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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: Required course for MSW program only.	
17. Does this course change impact other discipline(s)? <i>(If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.)</i> Check "yes" if the course is cross-listed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
 _____ 9/19/2016
 2. Program Director/Chair Date
 _____ 12/9/2016
 3. College Curriculum Committee Date
 _____ 12-13-16
 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