

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: SLP 463	

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

Course Number Change	<input type="checkbox"/>	Delete Prerequisite	<input 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 type="checkbox"/>	Mode of Instruction Change (C/S Number)	<input type="checkbox"/>
Description Change	<input 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: Voice and Fluency Disorders			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.) Low-Incidence Communication Disorders		
5. Number of Units: 4.0 per Sue M. 9/6/16 email			Number of Units: 3.0 per Sue M. 9/6/16 email		
6. Catalog Description:			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.)		
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)		
9. If the NP or CP grading system was selected, please explain the need for this grade option.					
10. Course Requires Consent for Enrollment?_			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			<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		

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

CURRENT INFORMATION:

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)	NEW INFORMATION: 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):	Prerequisite(s):
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)? ☒ Yes ☐ No

If yes, please specify:

Major requirement for the BS in SLP

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:

We are proposing a change in title to more appropriately correspond with trends in the field of speech-language pathology. As voice and fluency are low-incidence communication disorders, we are proposing a change to the more broad terminology. This opens the discussion in the course further to include resonance and low incidence disabilities that result in voice and fluency differences.

SIGNATURES : (COLLEGE LEVEL) :

Suzanne Moineau 3/11/16

1. Originator (Please Print) _____ Date _____

2. Program Director/Chair _____ Date _____

3. College Curriculum Committee _____ Date _____

4. College Dean (or Designee) _____ Date _____

(UNIVERSITY LEVEL)

5. UCC Committee Chair _____ Date _____

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

7. President (or Designee) _____ Date _____

SLP 463

Criselda Yee

From: Suzanne Moineau
Sent: Tuesday, September 06, 2016 3:44 PM
To: Criselda Yee
Subject: Re: P2 forms

Thank you for doing that!

SM approval

Suzanne Moineau, Ph.D., CCC/SLP
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Chair, Department of Speech-Language Pathology
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From: Criselda Yee <cyee@csusm.edu>
Date: Tuesday, September 6, 2016 at 2:02 PM
To: IITS Administrator <smoineau@csusm.edu>
Subject: RE: P2 forms

Hi Sue,

Actually, it was Lourdes who pointed this out to me and suggested that I contact you. I think, it's to avoid confusion because the P-2 lists SLP 463 at 4.0 units, and the accompanying C-2 (to change its title) is blank. You are correct that it's already 3.0 in PS, so the concern is that the P-2 might confuse some people.

I can hand enter the 4.0 and the 3.0 and add a note that this is per your approval.

cy hand enter units