California State University San Marcos   • **COURSE CHANGE(S)** •   **FORM C-2**

ORIGINATOR'S SECTION:	
1. College: ☒ **CHABSS** ☐ CoBA ☐ **CoEHHS** ☐ CSM	**Desired Term and Year of Implementation (e.g., Fall 2008):** Fall 2016	
2. Current Course abbreviation and Number: **VSAR 320**	

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

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

Information in this section– both current and new – is required only for items checked (√) above.

CURRENT INFORMATION:

NEW INFORMATION:

Course abbreviation and Number:
AMD 320

CURRENT INFORMATION	NEW INFORMATION
3. Title: *Public Expression in the Arts*	**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:	**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 not 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		

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8. Grading Method:*
☐ Normal (N) *(Allows Letter Grade +/-, and Credit/No Credit)*
☐ Normal Plus Report-in-Progress (NP) *(Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress)*
☐ Credit/No Credit Only (C)
☐ Credit/No Credit or Report-in-Progress Only (CP))

Grading Method:*
☐ Normal (N) *(Allows Letter Grade +/-, and Credit/No Credit)*
☐ Normal Plus Report-in-Progress (NP) *(Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress)*
☐ Credit/No Credit Only (C)
☐ 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? ☐ Yes ☐ No ☐ Faculty ☐ Credential Analyst ☐ Dean	**Course Requires Consent for Enrollment?** ☐ Yes ☐ No ☐ Faculty ☐ Credential Analyst ☐ Dean

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

CURRENT INFORMATION:	NEW INFORMATION:
☐ Program/Department/Director/Chair	☐ Program/Department/Director/Chair
11. Course Can be Taken for Credit More than Once? ☐ Yes ☐ No If yes, how many times (including first offering)	**Course Can be Taken for Credit More than Once?** ☐ Yes ☐ No If yes, how many times (including first offering)
12. Is Course Cross Listed: ☐ Yes ☐ No If yes, indicate which course -	**Is Course Cross-listed?** ☐ Yes ☐ 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: ☐ **Syllabus** ☐ 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:
   Art, Media, and Design

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   _____   _____   _____Support _____Oppose
                  Signature   Date

_____
Discipline   _____   _____   _____Support _____Oppose
                  Signature   Date

18. Reason(s) for changing this course:

See attached memo

SIGNATURES : (COLLEGE LEVEL) :   **(UNIVERSITY LEVEL)**

N. J. Kilpatrick   12/3/2015

1. Originator (Please Print)   Date   5. UCC Committee Chair   Date
   ~signature~   12-3-15
2. Program Director/Chair   12-7-15 Date   6. Vice President for Academic Affairs (or Designee)   Date
   ~signature~   12-7-15
3. College Curriculum Committee   Date   7. President (or Designee)   Date
   ~signature~   12-7-15
4. College Dean (or Designee)   Date

PS

| Office of Academic Programs | ~Banner:~_____ | Catalog:_____ | Revised 3/28/2007 |

Review page_____ Tracker ✓