

| ORIGINATOR'S SECTION: | | | | | | | | | | | | | | |
|---|--|---|------------------------|---|---------|---|-----|----------|--|--|-----|--|--|--|
| 1. College: <input type="checkbox"/> CHABSS <input type="checkbox"/> CoBA <input type="checkbox"/> CoEHHS <input checked="" type="checkbox"/> CSM | Desired Term and Year of Implementation (e.g., Fall 2008): Spring 2020 | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
| 3. Course will be a variable-topics (generic) course? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ("generic" is a placeholder for topics) | | | | | | | | | | | | | | |
| 4. Course abbreviation and Number:* FIRE 499 | | | | | | | | | | | | | | |
| 5. Title: <i>(Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)</i> Senior Experience in Wildfire Science | | | | | | | | | | | | | | |
| 6. Abbreviated Title for PeopleSoft: <i>(no more than 25 characters, including spaces)</i> Senior Experience | | | | | | | | | | | | | | |
| 7. Number of Units: 3 | | | | | | | | | | | | | | |
| 8. Catalog Description: <i>(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.)</i> Capstone experience and participation in independent library or laboratory research projects on wildfires and/or the urban interface. <i>Prerequisite 489 and instructor consent.</i> | | | | | | | | | | | | | | |
| 9. Why is this course being proposed? Course is part of the curricula for the newly proposed <u>Bachelor of Science in Wildfire Science and the Urban Interface</u> | | | | | | | | | | | | | | |
| 10. Mode of Instruction* <i>For definitions of the Course Classification Numbers:</i> http://www.csusm.edu/academic_programs/curriculumschedu ling/catalogcurricula/DOCUMENTS/Curricular_Forms_Tab/Instructional%20Mode%20Conventions.pdf | | | | | | | | | | | | | | |
| | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type of Instruction</th> <th style="text-align: center;">Number of Credit Units</th> <th style="text-align: center;">Instructional Mode (Course Classification Number)</th> </tr> </thead> <tbody> <tr> <td>Lecture</td> <td style="text-align: center;">3</td> <td style="text-align: center;">S-2</td> </tr> <tr> <td>Activity</td> <td></td> <td></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 | 3 | S-2 | Activity | | | Lab | | | |
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| Activity | | | | | | | | | | | | | | |
| Lab | | | | | | | | | | | | | | |
| 11. Grading Method:* <input type="checkbox"/> Normal (N) <i>(Allows Letter Grade +/-, and Credit/No Credit)</i> <input type="checkbox"/> Normal Plus Report-in-Progress (NP) <i>(Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress)</i> <input checked="" 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 checked="" 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 | | | | | | | | | | | | | | |
| 14. Course Can be Taken for Credit More than Once? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many times? (including first offering) | | | | | | | | | | | | | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Enrollment restricted to students who have obtained consent of director Prerequisite: FIRE 489 | | | | | | | | | | | | | | |
| 17. Corequisite(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | |
| 18. Documentation attached: | | | | | | | | | | | | | | |

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

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| <input checked="" type="checkbox"/> Syllabus <input type="checkbox"/> Detailed Course Outline |
| 19. If this course has been offered as a topic, please enter topic abbreviation, number, and suffix:* N/A |
| 20. How often will this course be offered once established?* Once per academic year |

| | | | | | |
|--|-----------|-------|---------|-------|--------|
| PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION: <i>(Mandatory information – all items in this section must be completed.)</i> | | | | | |
| 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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes, please specify: Fulfills requirement for new <u>Bachelor of Science in Wildfire and the Urban Interface</u> | | | | | |
| 22. Does this course impact other discipline(s)? <i>(If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.)</i> <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 | _____ | _____ | Support | _____ | Oppose |
| | Signature | Date | | | |
| Discipline | _____ | _____ | Support | _____ | Oppose |
| | Signature | Date | | | |

SIGNATURES : (COLLEGE LEVEL) :

(UNIVERSITY LEVEL)

- Matt Rahn, PhD, JD
1. Originator (please print or type name) _____ Date _____
 2. Program Director/Chair _____ Date _____
 3. College Curriculum Committee _____ Date _____
 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 _____

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