

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: EDMX 671		

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: Education Specialist – Clinical Practice for Interns I	Course abbreviation and Number: Title: <i>(Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)</i> Education Specialist – Clinical Practice of Mild/Moderate Interns I
4. Abbreviated Title for Banner <i>(no more than 25 characters):</i> ED SPEC-CLIN PRAC Intern I	Abbreviated Title for PeopleSoft: <i>(no more than 25 characters, including spaces)</i> Internship Mild/Mod I
5. Number of Units:	Number of Units:
6. Catalog Description:	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 not count toward the 80-word limit.)</i>

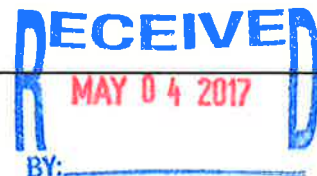
7. Mode of Instruction* *(See pages 17-23 at <http://www.calstate.edu/cim/data-elem-dic/APDB-Transaction-DED-SectionV.pdf> for definitions of the Course Classification Numbers)*

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:*

- | | |
|--|--|
| <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 type="checkbox"/> Credit/No Credit Only (C)
<input type="checkbox"/> Credit/No Credit or Report-in-Progress Only (CP) | <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 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.



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

CURRENT INFORMATION:

NEW INFORMATION:

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):	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:
 Education Specialist Credential Program and MA in Education (Special Education Option)

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:
 New Education Specialist/Intern Requirements outlined by the California Commission on Teacher Credentialing have been updated. EDMX 671 will be for Mild/Moderate Interns only in Fall. New course/clinical experiences will be developed for Moderate/Severe Interns.

SIGNATURES : (COLLEGE LEVEL) :

(UNIVERSITY LEVEL)

1. Jodi Robledo 3/13/17
Originator (Please Print) Date

2. [Signature] 3/14/17
Program Director/Chair Date

3. [Signature] 4/26/17
College Curriculum Committee Date

4. Denise Gault 5-1-17
College Dean (or Designee) Date

5. _____ Date
UCC Committee Chair

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

7. _____ Date
President (or Designee)

Tracker _____
 PS _____
 RP _____