

ORIGINATOR'S SECTION:		
1. College: X <input type="checkbox"/> CHABSS <input type="checkbox"/> CoBA <input type="checkbox"/> CoEHHS <input type="checkbox"/> CSM	Desired Term and Year of Implementation (e.g., Fall 2008): Fall 2018	
2. Current Course abbreviation and Number: SOC 620		

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

Course Number Change	<input checked="" type="checkbox"/>	Delete Prerequisite	<input 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 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: SOC 560		
3. Title:			Title: <i>(Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)</i>		
4. Abbreviated Title for Banner <i>(no more than 25 characters):</i>			Abbreviated Title for PeopleSoft: <i>(no more than 25 characters, including spaces)</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* <i>(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)</i>					
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) <i>(Allows Letter Grade +/-, and Credit/No Credit)</i>			<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"/> 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 Only (C)		
<input type="checkbox"/> Credit/No Credit or Report-in-Progress Only (CP)			<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"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Faculty <input type="checkbox"/> Credential Analyst <input type="checkbox"/> Dean			<input type="checkbox"/> Faculty <input type="checkbox"/> Credential Analyst <input type="checkbox"/> Dean		

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

PS ————— RP ————— Tracker

CURRENT INFORMATION:

NEW INFORMATION:

<input type="checkbox"/> Program/Department/Director/Chair	<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)? x Yes No
 If yes, please specify:

It is a required core course for the Master of Arts in Sociological Practice program.

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:

We are changing the course number of this class from a 600-level class to a 500-level class to reflect the fact that it is taken in the first year by full-time MASP students.

SIGNATURES : (COLLEGE LEVEL) :

1. Michelle Swan 10/25/17
 Originator (Please Print) _____ Date _____
 2. [Signature] 10-25-17
 Program Director/Chair _____ Date _____
 3. [Signature] 12/6/17
 College Curriculum Committee _____ Date _____
 4. [Signature] 12/6/17
 College Dean (or Designee) _____ Date _____

(UNIVERSITY LEVEL)

5. _____ Date _____
 UCC Committee Chair
 6. _____ Date _____
 Vice President for Academic Affairs (or Designee)
 7. _____ Date _____
 President (or Designee)