

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 695	

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

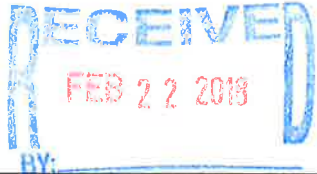
Course Number Change	<input type="checkbox"/>	Delete Prerequisite	X <input type="checkbox"/>	Other Prerequisite Change	<input type="checkbox"/>
Course Title Change	X <input type="checkbox"/>	Add Corequisite	<input type="checkbox"/>	Grading Method Change	<input type="checkbox"/>
Unit Value Change	<input type="checkbox"/>	Delete Corequisite	<input type="checkbox"/>	Mode of Instruction Change (C/S Number)	<input type="checkbox"/>
Description Change	X <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	X <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: Independent Thesis Research	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.) Culminating Experience Research
5. Number of Units:	Abbreviated Title for PeopleSoft: (no more than 25 characters, including spaces) Culminating Experience
6. Catalog Description: Continuation of the efforts in SOC 690 and completion of a thesis. Research may include qualitative or quantitative analysis. Graded Credit/ No Credit. Enrollment Requirement: Advancement to candidacy. Prerequisites: SOC 501, 515, 610, 620, 630, and 690.	Number of Units:
	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.) Continuation of the efforts in SOC 690. Work conducted in consultation with committee chair, committee members, and completion of the culminating experience. Graded Credit/ No Credit. Enrollment Requirement: Advancement to candidacy. Prerequisites: SOC 500, 515, 530, 550, 560, and 690



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) (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) |
|--|--|

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

PS _____ PP _____ Tracker _____

CURRENT INFORMATION:

NEW INFORMATION:

<p>9. If the NP or CP grading system was selected, please explain the need for this grade option.</p>	
<p>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</p>	<p>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</p>
<p>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)</p>	<p>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)</p>
<p>12. Is Course Cross Listed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which course</p>	<p>Is Course Cross-listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which course and check "yes" in item #17 below.</p>
<p>13. Prerequisite SOC 501, 515, 610, 620, 630, and 690</p>	<p>Prerequisite(s): SOC 500, 515, 530, 550, 560, and 690</p>
<p>14. Corequisite(s):</p>	<p>Corequisite(s):</p>
<p>15. Documentation attached: <input type="checkbox"/> Syllabus <input type="checkbox"/> Detailed Course Outline</p>	

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:

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 _____ Signature _____ Date _____ Support _____ Oppose _____

Discipline _____ Signature _____ Date _____ Support _____ Oppose _____

18. Reason(s) for changing this course:

Updated course descriptions for many of our M.A. courses, including this one, were necessary to reflect the current ways in which the courses are taught. Due to feedback from former students and our previous program review, we are expanding the types of culminating experiences beyond the thesis option. This change in the title reflects the expanded options. In addition, we are proposing changes to many of the numbers of the courses, so we have updated the course numbers of the prerequisites that are required.

SIGNATURES : (COLLEGE LEVEL) :

(UNIVERSITY LEVEL)

1. Kerelle Swan 10/25/17
 Original (Please Print) Date

2. [Signature] 10-25-17
 Program Director/Chair Date

3. [Signature] 2/21/18
 College Curriculum Committee Date

4. Maria Rodriguez-Holguin 2/21/18
 College Dean (or Designee) Date

5. _____ Date
 UCC Committee Chair

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

7. _____ Date
 President (or Designee)