

<b>ORIGINATOR'S SECTION:</b>	
1. College: <input checked="" 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 698A(1), SOC 698B(2), SOC 698C(3), Soc 698D(4)	

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

Course Number Change	<input type="checkbox"/>	Delete Prerequisite	<input checked="" 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 checked="" 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:

4. Abbreviated Title for Banner (no more than 25 characters):

5. Number of Units:

6. Catalog Description:

Selected research experiences for the basis of in-depth consideration. Research projects supportive of student's primary concentration interests may be pursued. *May be repeated, but no more than four (4) units may be counted toward the major. Enrollment restricted to students who have obtained consent of faculty advisor. Prerequisites: SOC 501, 515, 610, 620, and 630.*



Course abbreviation and Number:

Title: (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)

Abbreviated Title for PeopleSoft: (no more than 25 characters, including spaces)

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 not count toward the 80-word limit.)

Note: only pre-reqs have changed in catalog description below.

Selected research experiences for the basis of in-depth consideration. Research projects supportive of student's primary concentration interests may be pursued. *May be repeated, but no more than four (4) units may be counted toward the major. Enrollment restricted to students who have obtained consent of faculty advisor. Prerequisites: SOC 501, 515, 530, 550, and 560.*

**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)
Lecture		
Activity		
Lab		

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Lecture		
Activity		
Lab		

**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))

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- 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))

PS \_\_\_\_\_  
 RP \_\_\_\_\_  
 Tracker \_\_\_\_\_

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

**CURRENT INFORMATION:**

**NEW INFORMATION:**

9. If the NP or CP grading system was selected, please explain the need for this grade option.	
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): SOC 501, 515, 610, 620, and 630.	Prerequisite(s): SOC 500, 515, 530, 550, and 560.
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:  
 It can be used to substitute for one of our electives in the M.A.

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:  
 We are proposing changes to many of the numbers of the graduate courses to reflect the order in which students typically take their classes. We have updated the prerequisites to reflect the new course numbers.

**SIGNATURES : (COLLEGE LEVEL) :**

1. Originator (Please Print) Keshelle Sygan Date 10/25/17

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

3. College Curriculum Committee [Signature] Date 12/6/17

4. College Dean (or Designee) [Signature] Date 12/6/17

**(UNIVERSITY LEVEL)**

5. UCC Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

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

7. President (or Designee) \_\_\_\_\_ Date \_\_\_\_\_