

ORIGINATOR'S SECTION:	
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: WMST 401	

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 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:

Course abbreviation and Number: WGSS 401
Title: <i>(Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)</i> Seminar in Women's, Gender, and Sexuality Studies
Abbreviated Title for Banner <i>(no more than 25 characters, including spaces):</i> SEM:WOMEN/GEN/SEX
Number of Units: Number of Units:
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>

CURRENT INFORMATION:

3. Title: Seminar in Women's Studies
4. Abbreviated Title for Banner <i>(no more than 25 characters):</i>
5. Number of Units:
6. Catalog Description:

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:*

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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 Credit/No Credit or Report-in-Progress Only (CP)

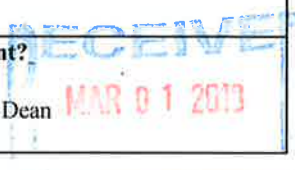
9. If the NP or CP grading system was selected, please explain the need for this grade option.

10. Course Requires Consent for Enrollment?

Yes No
 Faculty Credential Analyst Dean
 Program/Department/Director/Chair

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Yes No
 Faculty Credential Analyst Dean
 Program/Department/Director/Chair



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

CURRENT INFORMATION:

NEW INFORMATION:

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: WMST BA

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 _____

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18. Reason(s) for changing this course:

Just an abbreviation and course name change to reflect department name change

SIGNATURES : (COLLEGE LEVEL) :

(UNIVERSITY LEVEL)

1. Originator (Please Print) Veronica Alvarez Date _____
 2. Program Director/Chair see email Date _____
 3. College Curriculum Committee [Signature] Date 2/14/18
 4. College Dean (or Designee) [Signature] Date 2/15/18

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