

CBM003 ADD/CHANGE FORM

Undergraduate Council
 New Course Course Change
 Core Category: _____ Effective Fall 2006

or

Graduate/Professional Studies Council
 New Course Course Change
 Effective Fall _____

1. Department: CUIN College: EDUC
 2. Person Submitting Form: DR. CAMERON WHITE Telephone: 3-8678

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3. Course Information on New/Revised course:
 • Instructional Area / Course Number / Long Course Title:
CUIN / 3302 / COMMUNITY EDUCATION
 • Instructional Area / Course Number / Short Course Title (30 characters max.)
CUIN / 3302 / COMMUNITY EDUCATION
 • SCH: 3.00 Level: JR CIP Code: 1303010004 Lect Hrs: 3 Lab Hrs: 0

a
 APPROVED NOV 16 2005
[Signature]

4. Justification for adding/changing course: To meet professional/accreditation standards
 5. Was the proposed/revised course previously offered as a special topics course? Yes No

If Yes, please complete:
 • Instructional Area / Course Number / Long Course Title:
 _____ / _____ / _____
 • Content ID: _____ Start Date (yyyy3): _____

6. Is this course offered for undergraduate credit only? Yes No

7. Authorized Degree Program(s): B.S INDIST
 • Does this course affect major/minor requirements in the College/Department? Yes No
 • Does this course affect major/minor requirements in other Colleges/Departments? Yes No
 • Are special fees attached to this course? Yes No
 • Can the course be repeated for credit? Yes No

8. Grade Option: Letter (A, B, C ...) Instruction Type: lecture

9. If this form involves a change to an existing course, please obtain the following information from the course inventory: Instructional Area / Course Number / Long Course Title

CUIN / 3302 / COMMUNITY-BASED EDUCATION
 • Start Date (yyyy3): 20033 Content I.D.: 291383

10. Proposed Catalog Description: admission to Teacher Certification Program.
 Cr: (3-5) Prerequisites: ^ Description (30 words max.): Explore the connections between education and the community, and engage in collaborative projects with local organizations and institutions including service learning.
Collaborative

11. Dean's Signature: [Redacted Signature] Date: 10/14/05

Print/Type Name: Dr. Robert H. McPherson