CBM003 ADD/CHANGE FORM

☒ Undergraduate Council
☐ New Course ☒ Course Change
Core Category: NONE Effective Fall 2009

☐ Graduate/Professional Studies Council
☐ New Course ☐ Course Change
Effective Fall __

1. Department: COMD College: CLASS

2. Person Submitting Form: Sandra Gold-Singleton Telephone: 3-2893

3. Course Information on New/Revised course:
   • Instructional Area / Course Number / Long Course Title:
     COMD / 2302 / Advanced American Sign Language IV
   • Instructional Area / Course Number / Short Course Title (30 characters max.)
     COMD / 2302 / AMERICAN SIGN LANGUAGE IV
   • SCH: 3.00 Level: SG CIP Code: 16.1601.00 01 Lect Hrs: 3.0 Lab Hrs: 0.0

4. Justification for adding/changing course: To reflect change in prerequisite course

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. Authorized Degree Program(s): BA/BS AMER SIGN LAM
   • 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

7. Grade Option: Letter (A, B, C ...) Instruction Type: lecture ONLY (Note: Lect/Lab info. must match item 3, above.)

8. 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
   COMD / 2302 / American Sign Language IV
   • Start Date (yyyy3): 20043 Content I.D.: 16118

9. Proposed Catalog Description: (If there are no prerequisites, type in "none").
   Cr: 3. (3-0). Prerequisites: COMD 2301. Description (30 words max.):
   This course is the continuation of the intermediate level instruction in communication using American Sign Language (ASL).

10. Dean’s Signature: ________________________________ Date: 10/21/08

Print/Type Name: Dr. Sarah Fishman