CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS
COURSE MODIFICATION PROPOSAL

DATE: 9/13/06

PROGRAM AREA HISTORY

1. **Catalog Description of the Course.** [Follow accepted catalog format.]
   (If Cross-listed please submit a form for each prefix being modified)

<table>
<thead>
<tr>
<th>OLD</th>
<th>NEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix hist</td>
<td>Prefix hist</td>
</tr>
<tr>
<td>Course# 494</td>
<td>Course# 494</td>
</tr>
<tr>
<td>Title independent research</td>
<td>Title independent research</td>
</tr>
<tr>
<td>Units (1-3)</td>
<td>Units (1-3)</td>
</tr>
<tr>
<td>hours per week</td>
<td>hours per week</td>
</tr>
</tbody>
</table>

- [ ] Prerequisites
- [ ] Corequisites
- [ ] Description

- [ ] Gen Ed Categories
- [ ] Lab Fee Required

- [ ] A - F
- [ ] Optional (Student’s Choice)
- [ ] Multiple Enrollment in same semester

- [ ] Repeatable for up to

- [ ] CR/NC

- [ ] Graded

- [ ] CR/NC

- [ ] Repeatable for up to

- [ ] Optional (By Instructor Approval)
- [ ] Multiple Enrollment in same semester

- [ ] Gen Ed Categories

- [ ] Lab Fee Required

- [ ] A - F

- [ ] Optional

<table>
<thead>
<tr>
<th>Existing</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture</td>
<td>Lecture</td>
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<tr>
<td>Seminar</td>
<td>Seminar</td>
</tr>
<tr>
<td>Laboratory</td>
<td>Laboratory</td>
</tr>
<tr>
<td>Activity</td>
<td>Activity</td>
</tr>
</tbody>
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2. **Mode of instruction**

3. **Course Content in Outline Form if Being Changed.** [Be as brief as possible, but use as much space as necessary]

OLD

NEW

4. **Justification and Learning Objectives for the Course.** (Indicate whether required or elective, and whether it meets University Writing, and/or Language requirements) [Use as much space as necessary]

OLD

NEW

5. **References.** [Provide 3-5 references on which this course is based and/or support it.]

OLD

NEW

6. **Indicate Changes and Justification for Each.** [Check all that apply and follow with justification. Be as brief as possible but, use as much space as necessary.]

- [ ] Course title
- [ ] Prefix/suffix
- [ ] Course number
- [ ] Units
- [ ] Staffing formula and enrollment limits
- [ ] Prerequisites/corequisites
- [ ] Catalog description
Justification No time or money support from the university. Overload and overwork for the history faculty

7. If this modification results in a GE-related change indicate GE category affected and Attach a GE Criteria Form:

A (English Language, Communication, Critical Thinking)
- A-1 Oral Communication
- A-2 English Writing
- A-3 Critical Thinking

B (Mathematics, Sciences & Technology)
- B-1 Physical Sciences
- B-2 Life Sciences – Biology
- B-3 Mathematics – Mathematics and Applications
- B-4 Computers and Information Technology

C (Fine Arts, Literature, Languages & Cultures)
- C-1 Art
- C-2 Literature Courses
- C-3a Language
- C-3b Multicultural

D (Social Perspectives)

E (Human Psychological and Physiological Perspectives)

UD Interdisciplinary

8. New Resources Required. YES ☐ NO ☐

If YES, list the resources needed and obtain signatures from the appropriate programs/units on the consultation sheet below.

a. Computer (data processing), audio visual, broadcasting needs, other equipment)

b. Library needs

c. Facility/space needs

9. Will this course modification alter any degree, credential, certificate, or minor in your program? YES ☒ NO ☐

If, YES attach a program modification form for all programs affected.

Nian-Sheng Huang 9/13/06
Proposer of Course Modification Date
Approvals
Program/Course: Hist 494

_________________________________________________________
Program Chair(s)     Date

_________________________________________________________
General Education Chair(s)    Date

_________________________________________________________
Curriculum Committee Chair(s)   Date

_________________________________________________________
Dean of Faculty     Date