

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

COURSE MODIFICATION PROPOSAL

DATE: NOVEMBER 28, 2005

PROGRAM AREA COMPUTER SCIENCE

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

OLD				NEW			
Prefix COMP	Course# 462	Title Advanced Object-Oriented Programming	Units (3)	Prefix COMP	Course# 451	Title Advanced Object-Oriented Programming	Units (3)
3 hours	per week			3 hours	per week		
<input checked="" type="checkbox"/> Prerequisites				<input checked="" type="checkbox"/> Prerequisites			
<input type="checkbox"/> Corequisites				<input type="checkbox"/> Corequisites			
Description				Description			
Graded				Graded			
<input type="checkbox"/> Gen Ed Categories	<input type="checkbox"/> CR/NC	<input type="checkbox"/> Repeatable for up to		<input type="checkbox"/> Gen Ed Categories	<input type="checkbox"/> CR/NC	<input type="checkbox"/> Repeatable for up to	
<input type="checkbox"/> Lab Fee Required	<input type="checkbox"/> A - Z	units		<input type="checkbox"/> Lab Fee Required	<input type="checkbox"/> A - Z	units	

**2. Mode of instruction**

<u>Existing</u>					<u>Proposed</u>				
	Units	Hour Per Unit	Benchmark Enrollment	CS# Units (filled out by Dean)		Units	Hour Per Unit	Benchmark Enrollment	CS# Units (filled out by Dean)
Lecture	<u>3</u>	<u>1</u>	<u>24</u>	_____	Lecture	<u>3</u>	<u>1</u>	<u>24</u>	_____
Seminar	_____	_____	_____	_____	Seminar	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____	Laboratory	_____	_____	_____	_____
Activity	_____	_____	_____	_____	Activity	_____	_____	_____	_____

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

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

OLD	NEW
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**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
- Course content

- References
- GE
- Other

**Justification** The new number will better reflect the programming nature of this course and will better align with the "programming" line of courses: 151-351-451. It will also make room for the Embedded Systems course in the "system" line of courses: 162-262-362-462.

**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.

AJ Bieszczad  
Proposer of Course Modification

11/20/05  
Date

**Approvals**

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Program Chair

Date

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Curriculum Committee Chair

Date

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Dean

Date