

**CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS
COURSE MODIFICATION PROPOSAL**

DATE: 4.26.06
PROGRAM AREA ENGLISH

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 Eng	Course# 460	Prefix Engl	Course# 360
Title Perspectives in Creative Writing Units (3)		Title Perspectives in Creative Writing Units (3)	
3 hours per week		3 hours per week	
<input checked="" type="checkbox"/> Prerequisites English 330 or consent of instructor		<input checked="" type="checkbox"/> Prerequisites English 330 or consent of instructor	
<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"/> Gen Ed Categories	<input type="checkbox"/> CR/NC
<input type="checkbox"/> Lab Fee Required	<input type="checkbox"/> Repeatable for up to _____ units	<input type="checkbox"/> Lab Fee Required	<input type="checkbox"/> Repeatable for up to _____ units
	<input type="checkbox"/> A - F		<input type="checkbox"/> A - F
	<input type="checkbox"/> Multiple Enrollment in same semester		<input type="checkbox"/> Multiple Enrollment in same semester
	<input type="checkbox"/> Optional (Student's choice)		<input type="checkbox"/> Optional (Student's choice)

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>30</u>	_____	Lecture	<u>3</u>	_____	<u>30</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**

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
- Course content
- References
- GE
- Other

Justification we would like the course # to better reflect the preliminary spirit of this course as it is a prerequisite to all other creative writing courses. We're hoping this will encourage students to take the course in the fall of their junior year if they want to declare a creative writing emphasis.

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.

Proposer of Course Modification

Date

Approvals

Program/Course:

Program Chair(s)

Date

General Education Chair(s)

Date

Curriculum Committee Chair(s)

Date

Dean of Faculty

Date