

# 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)*

<b>OLD</b>				<b>NEW</b>			
Prefix hist	Course# 494	Title independent research	Units (1-3)	Prefix hist	Course# 494	Title independent research	Units (1-3)
	hours	per week			hours	per week	
<input type="checkbox"/> Prerequisites				<input type="checkbox"/> Prerequisites			
<input type="checkbox"/> Corequisites				<input type="checkbox"/> Corequisites			
Description				Description			
		Graded				Graded	
<input type="checkbox"/> Gen Ed	<input type="checkbox"/> CR/NC	<input type="checkbox"/> Repeatable for		<input type="checkbox"/> Gen Ed	<input checked="" type="checkbox"/> CR/NC	<input type="checkbox"/> Repeatable for	
Categories		up to		Categories		up to	
<input type="checkbox"/> Lab Fee Required	<input type="checkbox"/> A - F	units		<input type="checkbox"/> Lab Fee Required	<input type="checkbox"/> A - F	units	
	<input type="checkbox"/> Optional	<input type="checkbox"/> Multiple			<input type="checkbox"/> Optional	<input type="checkbox"/> Multiple	
	(Student's Choice)	Enrollment in same semester			(By Instructor Approval)	Enrollment in same semester	

- 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	_____	_____	_____	_____	Lecture	_____	_____	_____	_____
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]*

<b>OLD</b>	<b>NEW</b>
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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]*

<b>OLD</b>	<b>NEW</b>
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- 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 optional

**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**

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Program Chair(s)

Date

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General Education Chair(s)

Date

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Curriculum Committee Chair(s)

Date

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Dean of Faculty

Date