### CHANGE COURSE (MAJOR) and DROP COURSE PROPOSAL
Attach a syllabus, except if dropping a course.

**SUBMITTED BY:**

<table>
<thead>
<tr>
<th>Department</th>
<th>Biology and Wildlife</th>
<th>College/School</th>
<th>CNSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared by</td>
<td>Jeff Baxter</td>
<td>Phone</td>
<td>474-6294</td>
</tr>
<tr>
<td>Email Contact</td>
<td><a href="mailto:jbaxter2@alaska.edu">jbaxter2@alaska.edu</a></td>
<td>Faculty Contact</td>
<td>Christa Mulder</td>
</tr>
</tbody>
</table>

1. **COURSE IDENTIFICATION: As the course now exists.**

<table>
<thead>
<tr>
<th>Dept</th>
<th>BIOL</th>
<th>Course #</th>
<th>F135</th>
<th>No. of Credits</th>
<th>3</th>
</tr>
</thead>
</table>

**COURSE TITLE**
The Third Kingdom: Mushrooms and other Fungi

2. **ACTION DESIRED: Changes to be made to the existing course.**

<table>
<thead>
<tr>
<th>Change Course</th>
<th>If Change, indicate below what change.</th>
<th>Drop Course</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>TITLE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREREQUISITES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CREDITS (including credit distribution)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CROSS-LISTED</th>
<th>Dept.</th>
<th>(Requires approval of both departments and deans involved. Add lines at end of form for such signatures.)</th>
</tr>
</thead>
</table>

| STACKED (400/600) | | |
| Include syllabi. | | |

| OTHER (please specify) | | |
|------------------------|---|

3. **COURSE FORMAT**

**NOTE:** Course hours may not be compressed into fewer than three days per credit. Any course compressed into fewer than six weeks must be approved by the college or school’s curriculum council and the appropriate Faculty Senate curriculum committee. Furthermore, any core course compressed to less than six weeks must be approved by the core review committee.

<table>
<thead>
<tr>
<th>COURSE FORMAT: (check all that apply)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6 weeks to full semester</th>
</tr>
</thead>
</table>

| OTHER FORMAT (specify all that apply) | | |
| Mode of delivery (specify lecture, field trips, labs, etc) | | |

4. **COURSE CLASSIFICATIONS:** (undergraduate courses only. Use approved criteria found on Page 10 & 17 of the manual. If justification is needed, attach on separate sheet.)

<table>
<thead>
<tr>
<th>H = Humanities</th>
<th>S = Social Sciences</th>
</tr>
</thead>
</table>

**Will this course be used to fulfill a requirement for the baccalaureate core?**

YES [ ] NO [ ]

**IF YES, check which core requirements it could be used to fulfill:**

O = Oral Intensive, W = Writing Intensive, Format 6 also submitted [ ] Format 7 submitted [ ] Natural Science, Format 8 submitted [ ]

**Governance**

3/5/13 [ ]

**RECEIVED**

FEB 19 2013

Dean's Office
College of Natural Science & Mathematics
5. COURSE REPEATABILITY:
   Is this course repeatable for credit? [YES □ NO □]
   Justification: Indicate why the course can be repeated
   (for example, the course follows a different theme each time).
   How many times may the course be repeated for credit? [□ TIMES]
   If the course can be repeated with variable credit, what is the maximum number of credit hours that may be earned for this course? [□ CREDITS]

6. CURRENT CATALOG DESCRIPTION AS IT APPEARS IN THE CATALOG: including dept., number, title and credits

7. COMPLETE CATALOG DESCRIPTION AS IT WILL APPEAR WITH THESE CHANGES: (Underline new wording, strike through old wording and use complete catalog format including dept., number, title, credits and cross-listed and stacked.) PLEASE SUBMIT NEW COURSE SYLLABUS. For stacked courses the syllabus must clearly indicate differences in required work and evaluation for students at different levels.

8. IS THIS COURSE CURRENTLY CROSS-LISTED?
   YES/NO [XX] If Yes, DEPT [□] NUMBER [□]
   (Requires written notification of each department and dean involved. Attach a copy of written notification.)

9. GRADING SYSTEM: Specify only one
   LETTER: [□] PASS/FAIL: [□]

10. ESTIMATED IMPACT
    WHAT IMPACT, IF ANY, WILL THIS HAVE ON BUDGET, FACILITIES/SPACE, FACULTY, ETC.
    None

11. LIBRARY COLLECTIONS
    Have you contacted the library collection development officer (kljensen@alaska.edu, 474-6695) with regard to the adequacy of library/media collections, equipment, and services available for the proposed course? If so, give date of contact and resolution. If not, explain why not.
    No [□] Yes [□]

12. IMPACTS ON PROGRAMS/DEPTS:
    What programs/departments will be affected by this proposed action?
    Include information on the Programs/Departments contacted (e.g., email, memo)
    None

13. POSITIVE AND NEGATIVE IMPACTS
    Please specify positive and negative impacts on other courses, programs and departments resulting from the proposed action.
    None
JUSTIFICATION FOR ACTION REQUESTED

The purpose of the department and campus-wide curriculum committees is to scrutinize course change and new course applications to make sure that the quality of UAF education is not lowered as a result of the proposed change. Please address this in your response. This section needs to be self-explanatory. If you ask for a change in # of credits, explain why; are you increasing the amount of material covered in the class? If you drop a prerequisite, is it because the material is covered elsewhere? If course is changing to stacked (400/600), explain higher level of effort and performance required on part of students earning graduate credit. Use as much space as needed to fully justify the proposed change and explain what has been done to ensure that the quality of the course is not compromised as a result.

This course, which is listed in the current catalog as being offered in fall of even-numbered years, has not been offered in several years. There has been no student demand or requirement for this course.

APPROVALS: (Additional signature blocks may be added as necessary.)

[Signature, Chair, Program/Department of:]
Date: 7/6/2013

[Signature, Chair, College/School Curriculum Council for: CNSM]
Date: 3/1/2013

[Signature, Dean, College/School of: CNSM]
Date: 3/5/13

Signature of Provost (if applicable)
Offerings above the level of approved programs must be approved in advance by the Provost.

ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE GOVERNANCE OFFICE.

[Signature, Chair, UAF Faculty Senate Curriculum Review Committee]
Date: 

ADDITIONAL SIGNATURES: (As needed for cross-listing and/or stacking)

[Signature, Chair, Program/Department of:]
Date: 

[Signature, Chair, College/School Curriculum Council for:]
Date: 

[Signature, Dean, College/School of:]
Date: 