TRIAL COURSE OR NEW COURSE PROPOSAL

SUBMITTED BY:

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<th>Department</th>
<th>College/School</th>
<th>CRCD</th>
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<td>Tanana Valley Campus</td>
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<td>Prepared by</td>
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<td>Kelly Wilson</td>
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<td><a href="mailto:kawilson3@alaska.edu">kawilson3@alaska.edu</a></td>
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See [http://www.uaf.edu/uafgov/faculty/cd/cdman.html](http://www.uaf.edu/uafgov/faculty/cd/cdman.html) for a complete description of the rules governing curriculum & course changes.

1. ACTION DESIRED (check one):
   - Trial Course
   - New Course
   - XX

2. COURSE IDENTIFICATION:
   - Dept: DEVM
   - Course #: F052
   - No. of Credits: 1

   Justify upper/lower division status & number of credits:
   This course is designed to prepare students and review mathematical concepts as they pertain to both The SAT & ACT exams. This course will be one (1) credit.

3. PROPOSED COURSE TITLE:
   SAT/ACT Math Prep & Review

4. CROSS LISTED?
   - YES/NO
     (Requires approval of both departments and deans involved. Add lines at end of form for such signatures.)

5. STACKED?
   - YES/NO

6. FREQUENCY OF OFFERING:
   - As Demand Warrants
   (Every or Alternate) Fall, Spring, Summer - or As Demand Warrants

7. SEMESTER & YEAR OF FIRST OFFERING (if approved)
   - Fall 2010

8. 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. Furthermore, any core course compressed to less than six weeks must be approved by the core review committee.

   COURSE FORMAT:
   (check one)
   - [X] 1
   - [] 2
   - [] 3
   - [] 4
   - [] 5
   - [ ] 6 weeks to full semester

   OTHER FORMAT
   (specify)
   Mode of delivery
   (specify lecture, field trips, labs, etc)
   Lecture

9. CONTACT HOURS PER WEEK:
   - 14 LECTURE hours/week
   - LAB hours/week
   - PRACTICUM hours/week
   Note: # of credits are based on contact hours. 800 minutes of lecture=1 credit. 2400 minutes of lab in a science course=1 credit. 1500 minutes in non-science lab=1 credit. 2400-4800 minutes of practicum=1 credit. 2400-8000 minutes of internship=1 credit. This must match with the syllabus. See [http://www.uaf.edu/uafgov/faculty/cd/credits.html](http://www.uaf.edu/uafgov/faculty/cd/credits.html) for more information on number of credits.

10. COMPLETE CATALOG DESCRIPTION including dept., number, title and credits (50 words or less, if possible):

    DEVM F052, SAT/ACT Math Prep & Review,
    1 Credit Offered As Demand Warrants
Graded Pass/Fail
This course will review basic concepts and practice math test taking skills to help prepare for the ACT and SAT tests.

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

H = Humanities  N = Natural Science  S = Social Sciences

Will this course be used to fulfill a requirement for the baccalaureate core?  YES X  NO

IF YES, check which core requirements it could be used to fulfill:
O = Oral Intensive,  W = Writing Intensive,  Natural Science, Format 6, Format 7

12. COURSE REPEATABILITY:

Is this course repeatable for credit? YES X 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

13. GRADING SYSTEM:

LETTER:  PASS/FAIL: X

14. PREREQUISITES

These will be required before the student is allowed to enroll in the course.

RECOMMENDED

Classes, etc. that student is strongly encouraged to complete prior to this course.

15. SPECIAL RESTRICTIONS, CONDITIONS

None

16. PROPOSED COURSE FEES $0.00

Has a memo been submitted through your dean to the Provost & VCAS for fee approval? Yes/No

17. PREVIOUS HISTORY

Has the course been offered as special topics or trial course previously? Yes/No

If yes, give semester, year, course #, etc.:
Spring 09, Fall 09, Spring 10, DEVM F093

18. ESTIMATED IMPACT

WHAT IMPACT, IF ANY, WILL THIS HAVE ON BUDGET, FACILITIES/SPACE, FACULTY, ETC.

No impact

19. LIBRARY COLLECTIONS

Have you contacted the library collection development officer (ffklj@uaf.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.
This course does not require any library/media materials or services.

20. 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)
No program or department impact should result in the offering of this course.

21. POSITIVE AND NEGATIVE IMPACTS
Please specify positive and negative impacts on other courses, programs and departments resulting from the proposed action.
Positive Impact: The course will help strengthen the math skills of potential UAF students resulting in a positive impact to many programs and departments.
Negative Impact: No negative impact for departments or program should result from this course.

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. Use as much space as needed to fully justify the proposed course.

TVG has been asked to provide SAT/ACT prep courses for high schools students and other students who desire to prepare and review for both the SAT and ACT mathematic sections. This course offers a positive community outreach.

APPROVALS: Signatures on file at UAF Governance Office.

Signature, Chair, Program/Department of: Date

Signature, Division Chair CRCD of: Date

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

Signature, Dean, College/School of: Date

Signature of Provost (if applicable)
Offerings above the level of approved programs must be approved in advance by
ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE GOVERNANCE OFFICE

Signature, Chair, UAF Faculty Senate Curriculum Review Committee

Date

ADDITIONAL SIGNATURES: (If required)

Signature, Chair, Program/Department of:

Date

Signature, Chair, College/School Curriculum Council for:

Date

Signature, Dean, College/School of:

Date