### CHANGE COURSE (MAJOR) and DROP COURSE PROPOSAL

#### SUBMITTED BY:
- **Department:** UA Geography Program
- **Prepared by:** Wanda Tangermann
- **Email:** wrtangermann@alaska.edu
- **College/School:** SNRAS
- **Phone:** X7494
- **Faculty Contact:** Cary de Wit

#### 1. COURSE IDENTIFICATION:
- Dept: GEOG
- Course #: F396
- No. of Credits: 3.0

#### COURSE TITLE
- NICS Course

#### 2. ACTION DESIRED:
- Drop Course [X]

#### NUMBER

<table>
<thead>
<tr>
<th>PREQUISITES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CREDITS (including credit distribution)</th>
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</thead>
</table>

**CROSS-LISTED**
- Dept.
- (Requires approval of both departments and deans involved. Add lines at end of form for such signatures.)

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

- **COURSE FORMAT:**
  - Check all that apply
    - [ ] 1
    - [ ] 2
    - [ ] 3
    - [ ] 4
    - [ ] 5
    - [X] 6

- **FREQUENCY OF OFFERING:** 6 weeks to full semester

**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.)
  - H = Humanities
  - S = Social Sciences

- **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
  - Format 8 submitted

#### 5. COURSE REPEATABILITY:

- **Is this course repeatable for credit?**
  - [ ] YES
  - [ ] NO

- **Justification:**
  - Indicate why the course can be repeated

- **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
   Not currently listed in catalog (banner only), course not offered in last 5+ years

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 [ ] 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 [X] 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.

Clear course from banner, course not offered in more than 5 years.
Approval:

Date: 12-3-2010

Signature, Chair,
Program/Department of: Geography

Date: 12-3-10

Signature, Chair, College/School Curriculum Council for:
School of Natural Resources + Agricultural Sciences

Date: 12-3-10

Signature, Dean, College/School of:
School of Natural Resources + Agricultural Sciences

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.

Date

Signature, Chair, UAF Faculty Senate Curriculum Review Committee

Additional signatures: (As needed for cross-listing and/or stacking)

Date

Signature, Chair,
Program/Department of:

Date

Signature, Chair, College/School Curriculum Council for:

Date

Signature, Dean, College/School of:
Submit original with signatures + 3 copies

CHANGE COURSE (MAJOR) and DROP COURSE PROPOSAL

SUBMITTED BY:

<table>
<thead>
<tr>
<th>Department</th>
<th>College/School</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRM</td>
<td>SNRAS</td>
</tr>
</tbody>
</table>

Prepared by

<table>
<thead>
<tr>
<th>Martha Westphal</th>
</tr>
</thead>
</table>

Email/Contact

<table>
<thead>
<tr>
<th><a href="mailto:mmwestphal@alaska.edu">mmwestphal@alaska.edu</a></th>
</tr>
</thead>
</table>

Phone

| 7188 |

Faculty Contact

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. COURSE IDENTIFICATION:

- Dept: NRM
- Course #
- No. of Credits
- Course Title: See list of Moldy Courses

2. ACTION DESIRED:

- Change Course [ ] If Change, indicate below what change.
- Drop Course [X]

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>TITLE</th>
<th>DESCRIPTION</th>
<th>FREQUENCY OF OFFERING</th>
<th>COURSE CLASSIFICATION</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- PREQUISITES

- CREDITS (including credit distribution)

- CROSS-LISTED

- STACKED (400/600)

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

- COURSE FORMAT:
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] 4
  - [ ] 5
  - [ ] 6 weeks to full semester

- OTHER FORMAT (specify)

- 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.)

- H = Humanities
- N = Natural Science
- S = Social Sciences

- 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, Format [ ] 6
  - W = Writing Intensive, Format 7
  - Natural Science, Format 8
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.

   Drop course. Course no longer offered.

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

9. GRADING SYSTEM:
   LETTER: [ ] PASS/FAIL: [ ]

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

11. 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.
    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)

13. POSITIVE AND NEGATIVE IMPACTS
    Please specify positive and negative impacts on other courses, programs and departments resulting from the proposed action.
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.

APPROVALS:

Signature, Chair, Program/Department of: ____________________________

Date: 03/Nov/2010

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

Date: 1/4/11

Signature, Dean, College/School of: ____________________________

Date: 1-5-11

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: ____________________________
<table>
<thead>
<tr>
<th>Code</th>
<th>Course Title</th>
<th>Undergrad Level</th>
<th>Graduate Level</th>
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<tr>
<td>NRM</td>
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<td>NRM</td>
<td>F404 Envrnmntl Impact Statement Law</td>
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<td>200101</td>
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<td>F462 Alaskan Environmental Ed</td>
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<td>F607 Biotechnology</td>
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<td>NRM</td>
<td>F632 Lit of Science &amp; Environment</td>
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<td>200301</td>
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<td>199702</td>
<td>200401</td>
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<td>F678 Ecosystem Management</td>
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<td>F681 Natural Area Protection &amp; Mgmt</td>
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<td>NRM</td>
<td>F690 Adv Topics Res Mgmt</td>
<td>199702</td>
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<td>NRM</td>
<td>F696 Grad Extd Reg</td>
<td>199702</td>
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<tr>
<td>NRM</td>
<td>F696S Graduate Summer Research</td>
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<tr>
<td>NRM</td>
<td>F631 Resource Planning Practicum</td>
<td>199702</td>
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</tbody>
</table>
### CHANGE COURSE (MAJOR) and DROP COURSE PROPOSAL

**SUBMITTED BY:**
- Department: Graduate School
- Prepared by: Michelle Baumann
- Email Contact: gradschool@uaf.edu

**College/School:** Graduate School/Provost
- Phone: 7464
- Faculty Contact: Lawrence K Duffy

### 1. COURSE IDENTIFICATION:
- Dept: INDS
- Course #: F696S
- No. of Credits: 0

**COURSE TITLE:** Graduate Summer Research

### 2. ACTION DESIRED:
- Change Course: [ ]
- Drop Course: [x]

**NUMBER**

**PREQUISITES**

**CREDITS (including credit distribution)**

**CROSS-LISTED**
- Dept: [ ]
- Course # [ ]

**STACKED** (400/600)
- Include syllabi: [ ]

**OTHER (please specify)**

### 3. COURSE FORMAT

**FREQUENCY OF OFFERING**

- (Requires approval of both departments and deans involved. Add lines at end of form for such signatures.)

**COURSE CLASSIFICATION**

- Mode of delivery (specify lecture, field trips, labs, etc.)

**OTHER FORMAT (specify all that apply)**

**COURSE FORMAT:**
- 1 [ ]
- 2 [ ]
- 3 [ ]
- 4 [ ]
- 5 [ ]
- x [ ]

- 6 weeks to full semester

### 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.)

- H = Humanities [ ]
- S = Social Sciences [ ]

- YES [ ]
- NO [x]

**IF YES, check which core requirements it could be used to fulfill:**
- O = Oral Intensive, Format 6 also submitted [ ]
- W = Writing Intensive, Format 7 submitted [ ]

- Natural Science, Format 8 submitted [ ]

### 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  NO  If Yes, DEPT  [Blank]  NUMBER [Blank]
   (Requires written notification of each department and dean involved. Attach a copy of written notification.)

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

10. ESTIMATED IMPACT
    WHAT IMPACT, IF ANY, WILL THIS HAVE ON BUDGET, FACILITIES/SPACE, FACULTY, ETC.
    [Blank]

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  x  Yes [Blank]

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)
    [Blank]

13. POSITIVE AND NEGATIVE IMPACTS
    Please specify positive and negative impacts on other courses, programs and departments resulting from the proposed action.
    [Blank]

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.

Provost requested it to be removed from the catalog for non-use.
### APPROVALS:

<table>
<thead>
<tr>
<th>Signature, Chair, Program/Department of:</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>June 12, 2011</td>
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<table>
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<tr>
<th>Signature, Chair, College/School Curriculum Council for:</th>
<th>Date</th>
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<tbody>
<tr>
<td></td>
<td>June 12, 2011</td>
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<table>
<thead>
<tr>
<th>Signature, Dean, College/School of:</th>
<th>Date</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Signature, Chair, UAF Faculty Senate Curriculum Review Committee</th>
<th>Date</th>
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</table>

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

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CHANGE COURSE (MAJOR) and DROP COURSE PROPOSAL

SUBMITTED BY:

<table>
<thead>
<tr>
<th>Department</th>
<th>College/School</th>
<th>Graduate School/Provost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate School</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prepared by
Michelle Baumann
gradschool@uaf.edu

Phone
7464

Faculty Contact
Lawrence K Duffy

1. COURSE IDENTIFICATION:

<table>
<thead>
<tr>
<th>Dept</th>
<th>Course #</th>
<th>No. of Credits</th>
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<tbody>
<tr>
<td>INDS</td>
<td>F696</td>
<td>0</td>
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</tbody>
</table>

COURSE TITLE
Generic Grad Extd Reg

2. ACTION DESIRED:

- Change Course [ ]
- If Change, indicate below what change.
- Drop Course [x]

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>TITLE</th>
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PREQUISITES

CREDITS (including credit distribution)

CROSS-LISTED

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

COURSE FORMAT:
(check all that apply)

- 1
- 2
- 3
- 4
- 5
- [x] 6 weeks to full semester

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.)

H = Humanities
S = Social Sciences

Yes [ ] No [x]

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

IF YES, check which core requirements it could be used to fulfill:
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Format 6 also submitted
W = Writing Intensive, Format 7 submitted
Natural Science, Format 8 submitted

5. COURSE REPEATABILITY:

- Yes [ ]
- [ ]

Is this course repeatable for credit?

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

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8. IS THIS COURSE CURRENTLY CROSS-LISTED?
   YES/NO NO 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: x PASS/FAIL: _________

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

11. LIBRARY COLLECTIONS
    Have you contacted the library collection development officer (kjensen@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 x 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)
    n/a

13. POSITIVE AND NEGATIVE IMPACTS
    Please specify positive and negative impacts on other courses, programs and departments resulting from the proposed action.
    n/a

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Provost requested it to be removed from the catalog for non-use.
APPROVALS:

Signature, Chair, Program/Department of: [Signature] Date: Jan 12, 2011

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

Signature, Dean, College/School of: [Signature] Date: Jan 12, 2011

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: [Signature] Date:

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

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

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

Signature, Dean, College/School of: [Signature] Date:
CHANGE COURSE (MAJOR) and DROP COURSE PROPOSAL

SUBMITTED BY:

Department: Graduate School
Prepared by: Michelle Baumann
Email Contact: gradschool@uaf.edu

College/School: Graduate School/Provost
Phone: 7464
Faculty Contact: Lawrence K Duffy

1. COURSE IDENTIFICATION:

Dept: INDS
Course #: F499
No. of Credits: 1-9

COURSE TITLE: Thesis

2. ACTION DESIRED:

Change Course [ ]
Drop Course [x]

NUMBER

TITLE

DESCRIPTION

PREQUISITES

FREQUENCY OF OFFERING

CREDITS (including credit distribution)

COURSE CLASSIFICATION

CROSS-LISTED

(Requires approval of both departments and deans involved. Add lines at end of form for such signatures.)

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

COURSE FORMAT:
(check all that apply)

[ ] 1
[ ] 2
[ ] 3
[ ] 4
[ ] 5
[ ] 6

6 weeks to full semester

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.)

H = Humanities
S = Social Sciences

YES [ ]
NO [ ]

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

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

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

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 [ ] NO 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: [x]

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

n/a

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 [x] 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)

n/a

13. POSITIVE AND NEGATIVE IMPACTS
Please specify positive and negative impacts on other courses, programs and departments resulting from the proposed action.

n/a

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.

Provost requested it to be removed from the catalog for non-use.
## APPROVALS:

<table>
<thead>
<tr>
<th>Signature, Chair, Program/Department of:</th>
<th>Date: Jan 12, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature, Chair, College/School Curriculum Council for:</td>
<td>Date:</td>
</tr>
<tr>
<td>Signature, Dean, College/School of:</td>
<td>Date:</td>
</tr>
<tr>
<td>Signature of Provost (if applicable)</td>
<td>Offerings above the level of approved programs must be approved in advance by the Provost.</td>
</tr>
</tbody>
</table>

## 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)

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