	CH	IANGE COURSE	(MAJOF	R) and DROP Co	OURSE PROPO	OSAL	
SUBMITTED BY	:						
Department	UA Ge	ography Prog	ram	College/Schoo	o1		SNRAS
Prepared by	Wanda	Tangermann		Phone			X7494
Email Contact	wrtange	ermann@alas	ka.edu	Faculty Contact		(Cary de Wit
1. COURSE	<i>IDENTIFI</i>	CATION:					
Dept (GEOG	Course	# F396	No. of C	redits 3.0		
COURSE TIT	LE			NICSA C	ourse		
2. ACTION Change Cou	DESIRED:	If Change, what change		below	Drop Course	X	
NUMBER	_	TIT	LE _		RIPTION		
PREQUISITE CREDITS (i	L	 credit		-	OF OFFERING ASSIFICATION		
distributi CROSS-LIST		Dept.	i	Requires approva			
STACKED (4 Include syl OTHER (ple specify)	labi.	Dept.	S	ignatures.) Course #]	
compressed :	e hours may into fewer rthermore, committee RMAT: that apply MAT (spec apply) elivery lecture,	than six week any core cour .	s must be	o fewer than the approved by the essed to less that	e college or	school's cur must be appr	riculum
Page 10 & H	17 of the = Humaniti	manual. If	justifi	e courses only cation is need S = Social	led, attach		sheet.)
		ureate core?		l a requirement	IES		МО
0 = 0ra	heck whic al Intensiv 6 also sub	/e,	W = V	it could be us Writing Intensiv Format 7 submitt	e,	ll: Natural Sc Format 8 sub	
	E PEATABIL Course re	ITY: peatable for	credit?	YES	NO		
Justifica repeated (for exam theme eac	ple, the	dicate why t					
How many	times may	the course	be repea	ted for credit	:?		TIMES
				iable credit, ned for this c		maximum	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
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.
Clear course from Danner, course not offered in more than 5 years.

The state of the s	Date	12-J-2010
Signature, Chair, Program/Department of: Glocyaphy		
Patrifir	Date	Hor Dec 3,10
Signature, Chair, College/School Curriculu School of Council for:	Natin	al Resources 4'
Signature, Dean, College/School Solver of Network	Date	12-3-16 uces + Agricultural
of:		
	Date	
Signature of Provost (if applicable) Offerings above the level of approved programs must the Provost.	be app	proved in advance by
ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION	TO THE	GOVERNANCE OFFICE.
	Date	
01		
Signature, Chair, UAF Faculty Senate Curriculum Review Committee		
	and/or	stacking)
Review Committee ADDITIONAL SIGNATURES: (As needed for cross-listing a	and/or Date	stacking)
Review Committee]	stacking)
ADDITIONAL SIGNATURES: (As needed for cross-listing a Signature, Chair,]	stacking)
ADDITIONAL SIGNATURES: (As needed for cross-listing a Signature, Chair,	Date	stacking)
ADDITIONAL SIGNATURES: (As needed for cross-listing a Signature, Chair, Program/Department of: Signature, Chair, College/School Curriculu	Date	stacking)

Prepared by Email	CHANG	E COURSE (MAJOR)	and DROP COURSE	PROPOSAL
Prepared Martha Westphal by Email	SUBMITTED BY:			
Prepared by Email	Department NRM		College/School	SNRAS
Contact See 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 Modu Course Change Course If Change, indicate below Drop X Course What change. NUMBER TITLE DESCRIPTION FREQUENCY OF OFFERING COURSE CLASSIFICATION CROSS-LISTED Dept (Requires approval of both departments and deans involved. Add lines at end of form for such signatures.) STACKED (400/600) Dept Course #	Prepared Martha We	estphal	Phone	7188
1. COURSE IDENTIFICATION: Dept NRM Course # No. of Credits COURSE TITLE See List of Modu (DATASE) 2. ACTION DESIRED: Change Course If Change, indicate below what change. NUMBER PREQUISITES CREDITS (including credit distribution) CROSS-LISTED Dept (Requires approval of both departments and deans involved. Add lines at end of form for such signatures.) STACKED (400/600) Dept Course # Course # 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) OTHER FORMAT (specify)	Contact	-	Contact	
Dept NRM Course # No. of Credits COURSE TITLE See List of Modu Course 2. ACTION DESIRED: Change Course If Change, indicate below Drop X What change. NUMBER PREQUISITES CREDITS (including credit distribution) CROSS-LISTED Dept (Requires approval of both departments and deans involved. Add lines at end of form for such signatures.) STACKED (400/600) Dept Course # 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 COURSE FORMAT: (check one) OTHER FORMAT: 1 2 3 4 5 6 weeks to full semest OTHER FORMAT (specify)	See http://www.uaf.edu/ rules governing curricu	uafgov/faculty/cd/d llum & course change	edman.html for a	complete description of the
COURSE TITLE See List of Modu Course Change Course If Change, indicate below Course what change. NUMBER PREQUISITES CREDITS (including credit COURSE CLASSIFICATION CROSS-LISTED Dept (Requires approval of both departments and deans involved. Add lines at end of form for such signatures.) 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 college or school's curriculum course review committee. COURSE FORMAT: (check one) OTHER FORMAT (specify)	1. COURSE IDENTIFICAT	rion:	_	
Change Course	Dept NRM			ts
Change Course	COURSE TITLE	ee list of M	oldy Cours	20
Change Course	A AGETON DESIRED.	U)	
NUMBER PREQUISITES CREDITS (including credit distribution) CROSS-LISTED Dept (Requires approval of both departments and deans involved. Add lines at end of form for such signatures.) STACKED (400/600) Dept Course # 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 college or school's curriculum core review committee. COURSE FORMAT: (check one) OTHER FORMAT (specify)	Change Course If		pelow	-
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involved. Add lines at end of form for such signatures.) 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 one) OTHER FORMAT (specify)	distribution)		guiros approval of	both departments and deans
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	NOTE: Course hours may not compressed into fewer the council. Furthermore, and core review committee. COURSE FORMAT: (check one)	an six weeks must be by core course compres	sed to less than si	ix weeks must be approved by the
(specify lecture, field trips, labs, etc)	Mode of delivery (specify lecture, field trips, labs, etc)			
4. COURSE CLASSIFICATIONS: (undergraduate courses only. Use approved criteria found of Page 10 & 17 of the manual. If justification is needed, attach on separate sheet.) N = Natural S = Social Science Sciences	Page 10 & 17 of the m	anual. If justific N = Natura	ation is needed,	Social Social
Will this course be used to fulfill a requirement for the baccalaureate core?		used to fulfill a r	equirement for t	he YES NO
IF YES, check which core requirements it could be used to fulfill: O = Oral Intensive, Format W = Writing Intensive,	IF YES, check which	rmat W = Writ	ing Intensive,	Natural Science,

	COURSE REPEATABILITY: Is this course repeatable for	YES		NO	
	credit?		l		
	Justification: Indicate why th	ne course	can be		
	repeated (for example, the course follow	vs a diffe	rent		
	theme each time).				
	How many times may the course h				TIMES
	If the course can be repeated waximum number of credit hours	vith varia that may	ible ci be ea:	redit, what is the med for this course?	CREDI
_	THE PROPERTY ASSESSMENT OF ASS				pt., numbe
6. tit	le and credits				
7.	COMPLETE CATALOG DESCRIPTION A	S IT WILL	APPE	R WITH THESE CHANGES: (Un	derline ne
	wording strike through old wo number, title, credits and cr	rding and	1188 C	omplete catalog format in	ciuaing aep
	cyttaphe For stacked course	s the syl	labus	nust clearly indicate dir	ferences i
	required work and evaluation	for stude	nts at	different levels.	
	Drop course. Course no longer offered.				
8.	IS THIS COURSE CURRENTLY CROSS			NUMBER	
	YES/NO If Yes, DEPT (Requires written notifica	tion of	 each (olved. A
	a copy of written notificat	C1011 01			
	u vvpi	ion.)			
		ion.)			
9.	GRADING SYSTEM: LETTER: PASS/FAIL:	ion.)			
9.	GRADING SYSTEM: LETTER: PASS/FAIL:	ion.)			
	LETTER: PASS/FAIL:	ion.)			
	LETTER: PASS/FAIL:	ion.)			
	LETTER: PASS/FAIL:	ion.)			
10	LETTER: PASS/FAIL: . ESTIMATED IMPACT WHAT IMPACT, IF ANY, WILL THI	ion.)	1 BUDGI	T, FACILITIES/SPACE, FACU	ILTY, ETC.
10	LETTER: PASS/FAIL: . ESTIMATED IMPACT WHAT IMPACT, IF ANY, WILL THI . LIBRARY COLLECTIONS	ion.)	on del	T, FACILITIES/SPACE, FACU	LTY, ETC.
10	LETTER: PASS/FAIL: . ESTIMATED IMPACT WHAT IMPACT, IF ANY, WILL THI . LIBRARY COLLECTIONS Have you contacted the library	cs HAVE ON	on dev	T, FACILITIES/SPACE, FACU relopment officer (ffklj@u media collections, equipm	ULTY, ETC. eaf.edu, 47 eent, and
10	LETTER: PASS/FAIL: . ESTIMATED IMPACT WHAT IMPACT, IF ANY, WILL THE . LIBRARY COLLECTIONS Have you contacted the library 6695) with regard to the adequate services available for the pro-	cs HAVE ON collection of lipposed cou	on dev	T, FACILITIES/SPACE, FACU relopment officer (ffklj@u media collections, equipm	ULTY, ETC. eaf.edu, 47 eent, and
10	LETTER: PASS/FAIL: . ESTIMATED IMPACT WHAT IMPACT, IF ANY, WILL THE . LIBRARY COLLECTIONS Have you contacted the library 6695) with regard to the adequate services available for the pro-	cs HAVE ON collection of lipposed cou	on dev	T, FACILITIES/SPACE, FACU relopment officer (ffklj@u media collections, equipm	ULTY, ETC. eaf.edu, 47 eent, and
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10	LETTER: PASS/FAIL: . ESTIMATED IMPACT WHAT IMPACT, IF ANY, WILL THE . LIBRARY COLLECTIONS Have you contacted the library 6695) with regard to the adequence available for the progressolution. If not, explain we not service available for the progression. NO Yes . IMPACTS ON PROGRAMS/DEPTS:	cs HAVE ON collective	on debrary, arse?	T, FACILITIES/SPACE, FACE relopment officer (ffklj@u media collections, equipm If so, give date of conta	eaf.edu, 47 ent, and ect and
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JUSTIFICATION FOR ACTION	ON REQUESTED	1	
The purpose of the depa course change and new of	course applications to	make sure that	the quality of U
advantion is not lowers	ed as a result of the	proposed change	. Please address
your response. This se # of credits, explain v	ection needs to be sel	f-explanatory.	If you ask for a material covered
clase? If you drop a r	orerequisite, is it be	cause the mater	ial is covered er
If course is changing t	to stacked (400/600),	explain higher	level of effort a
performance required or as needed to fully just	tify the proposed chan	nge and explain	what has been don
ensure that the quality	y of the course is not	compromised as	a result.
1			
APPROVALS:			
APPROVALS:			
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Signature, Mair,		1	Date 03Nov 8
SHIKM	of:	1	Date 03/100 8
Signature, Khair, Program/Department o			//. /
Signature, Mair, Program/Départment o			
Signature, Chair, Program/Départment of	ollege/School		//. /
Signature, Mair, Program/Départment o	ollege/School		Date 1/4/11
Signature, Chair, Program/Départment of	ollege/School	SNRAS	//. /
Signature, Chair, Program/Department of Signature, Chair, Co Curriculum Council f	ollege/School	SNRAS	Date 1/4/11 Date 1-5-11
Signature, Chair, Program/Department of Signature, Chair, Co Curriculum Council f	ollege/School	SNRAS	Date 1/4/11 Date 1-5-11
Signature, Chair, Program/Department of Signature, Chair, Co Curriculum Council f	ollege/School	SNRAS	Date 1/4/11 Date 1-5-11
Signature, Chair, Program/Department of Signature, Chair, Co Curriculum Council f	ollege/School	SNRAS SNRAS	Date 1/4/11 Date 1-5-11
Signature, Chair, Program/Department of Signature, Chair, Co Curriculum Council f Signature, Dean, Col of:	ollege/School for: lege/School (if applicable)	SNRAS SNRAS	Date 1/4/11 Date 1-5-11
Signature, Chair, Program/Department of Signature, Chair, Co Curriculum Council f Signature, Dean, Col of:	ollege/School for: lege/School (if applicable)	SNRAS SNRAS	Date 1/4/11 Date 1-5-11
Signature, Chair, Program/Department of Signature, Chair, Co Curriculum Council f Signature, Dean, Col of: Signature of Provost Offerings above the	ollege/School for: lege/School (if applicable)	SNRAS SNRAS	Date 1/4/11 Date 1-5-11
Signature, Chair, Program/Department of Signature, Chair, Co Curriculum Council f Signature, Dean, Col of:	ollege/School for: lege/School (if applicable)	SNRAS SNRAS	Date 1/4/11 Date 1-5-11
Signature, Chair, Program/Department of Signature, Chair, Con Curriculum Council for Signature, Dean, Coll of: Signature of Provost Offerings above the the Provost.	ollege/School for: lege/School (if applicable) level of approved p	SNRAS	Date 1/4/11 Date 1-5-11 Date 2-5-11 Date 2-5-11
Signature, Chair, Program/Department of Signature, Chair, Co Curriculum Council f Signature, Dean, Col of: Signature of Provost Offerings above the	ollege/School for: lege/School (if applicable) level of approved p	SNRAS	Date 1/4/11 Date 1-5-11 Date 2-5-11 Date 2-5-11
Signature, Chair, Program/Department of Signature, Chair, Con Curriculum Council for Signature, Dean, Coll of: Signature of Provost Offerings above the the Provost.	ollege/School for: lege/School (if applicable) level of approved p	SNRAS SNRAS Trograms must 1	Date 1/4/11 Date 1-5-11 Date 2-5-11 Date 2-5-11

	Course	s to delete from Banner a	nd Catal	og	undergrad.
NRM	F398	Research	199702		1070
NRM	F404	Envrnmntl Impact Statement Law	199702	200101	I I Was a series of the
NRM	F431	Wildlife Law and Policy	199702	200401	My Pri
NRM	F432	Lit of Science & Environment	200303		J
NRM	F462	Alaskan Environmental Ed	199702	199803	
NRM	F607	Biotechnology	199702		Xo)
NRM	F625	Adv Ungulate Mgt & Prod Systms	199702	199801	graduate
NRM	F632	Lit of Science & Environment	200101	200301	araa.l
NRM	F640	Simulatn & Modelng in Res Mgt	199702	200401	k long
NRM	F678	Ecosystem Management	199702	200401	\mathcal{F}
NRM	F681	Natural Area Protection & Mgmt	199702	200101	
NRM	F690	Adv Topics Res Mgmt	199702		
NRM	F696	Grad Extd Reg	199702		
NRM	F696S	Graduate Summer Research	199702		
NRM	F631	Resource Planning Practicum	199702		

	CHANGE COURSE (MAJOR)	and DROP COUR	SE PROPOSAL
SUBMITTED BY:			
Department	Graduate School	College/School	Graduate School/Provost
Prepared by	Michelle Baumann	Phone	7464
Email Contact	gradschool@uaf.edu	Faculty Contact	Lawrence K Duffy
		-	
1. COURSE IDE	ENTIFICATION:	<u></u>	
Dept IN	IDS Course # F696S	No. of Credi	ts 0
COURSE TITLE		Graduate Summer R	Research
2. ACTION DES	•	at abanaa) C
•		_	Orop Course x
NUMBER PREQUISITES	TITLE L	DESCRIP Frequency of	The first terms of the second
-	uding credit distribution)	COURSE CLASS	to the state of th
CROSS-LISTED	Dept. (Requ	uires approval of both d	departments and deans involved. Add lines
STACKED (400		d of form for such signa Course #	atures.)
Include syllabi.			
OTHER (please	specify)		
must be approved be approved by the COURSE FOR (check all that a	ours may not be compressed into fewer than three down the college or school's curriculum council. the core review committee. RMAT: Apply) MAT (specify all serve (specify)	ee days per credit. Any Furthermore, any core	course compressed into fewer than six weeks course compressed to less than six weeks must 5 × 6 weeks to full semester
4. COURSE CLAS	SIFICATIONS: (undergraduate courses onl	y. Use approved crit	eria found on Page 10 & 17 of the manual
	s needed, attach on separate sheet.) H = Humanities	S = Social So	ciences
	course be used to fulfill a requirement accalaureate core?		YES NO X
O = O	which core requirements it could be used ral Intensive, W = Writing rmat 6 also submitted	to fulfill: 3 Intensive, Format 7 submitted	Natural Science, Format 8 submitted
5. COURSE REPEA	ATABILITY:		
Is this course	e repeatable for credit?	YES	NO
	ndicate why the course can be repeated the course follows a different theme each t	time).	
How many tin	nes may the course be repeated for credit?		TIMES
	an be repeated with variable credit, what in arned for this course?	is the maximum num	ober of credit hours 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: (<u>Underline new wording strike through old wording</u> 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.
D. IS THE COURSE CURRENTLY CROSS LISTED.
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 (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)
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:	1	
Januare 1 Suff	Date 12, 2011	
Signature, Chair, Program/Department of:		
	Date	
Signature, Chair, College/School Curriculum Council fo	r:	
Jamenne 10 Suffy	Date Jan 12, 2011	
Signature, Dean, College/School of:	0	
	Date	
Signature of Provost (if applicable) Offerings above the level of approved programs must be	as approved in advance by the Provest	
enerings above the level of approved programs must be	e approved in advance by the Frovost.	
ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUI	MISSION TO THE GOVERNANCE OFFICE.	
	Date	
Signature, Chair, UAF Faculty Senate Curriculum Revie		
ADDITIONAL SIGNATURES: (As needed for cross-listing	and/or stacking)	
	Date	
Signature, Chair, Program/Department of:		
	Date	

	CHANGE COURSE (MAJOR) a	and DROP COURS	SE PROPOSAL
SUBMITTED BY:			
Department	Graduate School	College/School	Graduate School/Provost
Prepared by	Michelle Baumann	Phone	7464
Email Contact	gradschool@uaf.edu	Faculty Contact	Lawrence K Duffy
		-	
1. COURSE IDE	 -	··· ·· ·	
Dept IN	Course # F696	No. of Credit	s 0
COURSE TITLE		Generic Grad Extd	Reg
2. ACTION DES Change Course NUMBER PREQUISITES		ot change. D DESCRIPT FREQUENCY OF	
CREDITS (inclu	ding credit distribution)	COURSE CLASSI	FICATION
CROSS-LISTED	Dept. (Requi	ires approval of both de of form for such signat	epartments and deans involved. Add lines tures.)
STACKED (400		Course #	
Include syllabi. OTHER (please	specify)		
must be approved be approved by the COURSE FOR (check all that a	ours may not be compressed into fewer than three by the college or school's curriculum council. the core review committee. MAT: pply) AAT (specify all ery (specify	e days per credit. Any of Furthermore, any core	course compressed into fewer than six weeks course compressed to less than six weeks must 5
4. COURSE CLASS If justification is	SIFICATIONS: (undergraduate courses only needed, attach on separate sheet.) H = Humanities	v. Use approved crite S = Social Sci	
	course be used to fulfill a requirement ccalaureate core?		YES NO X
O = Or	which core requirements it could be used to tal Intensive, where the work with the work which will be used to the work with the	to fulfill: Intensive, Format 7 submitted	Natural Science, Format 8 submitted
5. COURSE REPEA Is this course	ATABILITY: repeatable for credit?	ES	NO
	ndicate why the course can be repeated the course follows a different theme each ti	me).	
How many tin	nes may the course be repeated for credit?		TIMES
	an be repeated with variable credit, what is arned for this course?	the maximum num	ber of credit hours 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.
O IS THE COURSE CURRENTLY CROSS HISTORY
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
(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 (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
40 MANAGE ON DOCUMENTS
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.
and organization and the control of the course to not compromised as a result
Provost requested it to be removed from the catalog for non-use.
l i

APPROVALS:					
tamme K Juff	Date 12,2011				
Signature, Chair, Program/Department of					
Signature Chair Callege/Cahael Comignion Council for	Date				
Signature, Chair, College/School Curriculum Council for:					
Sifety Page Calles (School of	Date fam 12, 2011				
Signature, Dean, College/School of:					
Signature of Provost (if applicable)	Date				
Offerings above the level of approved programs must be approved in	n 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)					
Signature, Chair, Program/Department of:	Date				
Signature, Chair, College/School Curriculum Council for:	Date				
Signature, Dean, College/School of:	Date				

CHANGE COURSE (MAJOR) and DROP COURSE PROPOSAL			
SUBMITTED BY:			
Department	Graduate School	College/School	Graduate School/Provost
Prepared by	Michelle Baumann	Phone	7464
Email Contact	gradschool@uaf.edu	Faculty Contact	Lawrence K Duffy
1. COURSE IDE	ENTIFICATION:		
Dept IN	NDS Course # F499	No. of Credit	s 1-9
COURSE TITLE		Thesis	
2 ACTION DE	CINED.		
ACTION DES Change Course	production of the control of the co	nat change. D	rop Course x
NUMBER	TITLE [DESCRIPT	
PREQUISITES		FREQUENCY OF	
	uding credit distribution)	COURSE CLASSI	
CROSS-LISTED	Dept. (Req	uires approval of both de id of form for such signal	epartments and deans involved. Add lines tures.)
STACKED (400		Course #	
Include syllabi. OTHER (please	specify)	····	
•	. ,	· · · · · · · · · · · · · · · · · · ·	
3. COURSE FOR NOTE: Course ho	RMAT ours may not be compressed into fewer than the	ree days ner credit. Any o	course compressed into fewer than six weeks
must be approved	d by the college or school's curriculum council	. Furthermore, any core	course compressed to less than six weeks must
COURSE FOR	he core review committee. RMAT: 1 2	3 4	5 × 6 weeks to full
(check all that a	apply)		semester
	MAT (specify all		
that apply) Mode of deliv	very (specify		
	rips, labs, etc)		
	SIFICATIONS: (undergraduate courses on	ly. Use approved crite	eria found on Page 10 & 17 of the manual
•	s needed, attach on separate sheet.) H = Humanities	S = Social Sci	iences
		3 – 30ciai 3ci	
	course be used to fulfill a requirement accalaureate core?		YES NO x
IF YES, check	which core requirements it could be used	to fulfill:	
	ral Intensive, W = Writin	g Intensive, Format 7 submitted	Natural Science, Format 8 submitted
5. COURSE REPEA			
		YES	NO
	Indicate why the course can be repeated		
•	the course follows a different theme each		
•	nes may the course be repeated for credit		TIMES
	an be repeated with variable credit, what arned for this course?	is the maximum num	ber of credit hours CREDITS

6 .	CURRENT CATALOG DESCRIPTION AS IT APPEARS IN THE CATALOG: including dept., number, title and credits
<i>7</i> . (COMPLETE CATALOG DESCRIPTION AS IT WILL APPEAR WITH THESE CHANGES: (<u>Underline new wording strike</u> 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. 1	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)
13.	POSITIVE AND NEGATIVE IMPACTS Please specify positive and negative impacts on other courses, programs and departments resulting from the proposed action.
	n/a
T a a w n <u>re</u>	TIFICATION FOR ACTION REQUESTED The purpose of the department and campus-wide curriculum committees is to scrutinize course change and new course pplications to make sure that the quality of UAF education is not lowered as a result of the proposed change. Please ddress 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 naterial is covered elsewhere? If course is changing to stacked (400/600), explain higher level of effort and performance equired 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.
Pr	ovost requested it to be removed from the catalog for non-use.

APPROVALS:	
Lemme K Duffs	Date (12, 2011
Signature, Chair, Program/Depart/neht of:	
Si de Chair Callaga (Cabaal Curriquium Council for	Date
Signature, Chair, College/School Curriculum Council for:	
James K Auffy	Date for 12, 2011
Signature, Dean, College/School of:	
Simple of Propert (if applicable)	Date
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 1	TO THE GOVERNANCE OFFICE.
	Date
Signature, Chair, UAF Faculty Senate Curriculum Review Committ	ee
ADDITIONAL SIGNATURES: (As needed for cross-listing and/or sta	cking)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Date
Signature, Chair, Program/Department of:	
	Date
Signature, Chair, College/School Curriculum Council for:	
Signature, Charl, Consequent Consequent	
	Date
Signature, Dean, College/School of:	