

March 23, 2011

The Graduate Academic & Advisory Committee has approved the following:

GRADUATE PROGRAM REQUEST:

SUBMITTED BY THE GRADUATE SCHOOL

“Moldy” Course Drops: INDS F696S – Graduate Summer Research
INDS F696 – Generic Graduate Extended Research
INDS F499 - Thesis

Effective: Fall 2011 unless otherwise specified.

Rationale: See attached requests.

APPROVED: _____


Chancellor's / Provost's Office

DATE: _____

3 / 23 / 11

DISAPPROVED: _____

Chancellor's / Provost's Office

DATE: _____

Submit originals and one copy and electronic copy to **Governance/Faculty Senate Office**
See <http://www.uaf.edu/uafgov/faculty/cd> for a complete description of the rules governing curriculum & course changes.

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 IDENTIFICATION:

Dept **INDS** Course # **F696S** No. of Credits **0**

COURSE TITLE **Graduate Summer Research**

2. ACTION DESIRED:

Change Course ☐ If Change, indicate below what change. Drop Course ☒

NUMBER	TITLE	DESCRIPTION
PREQUISITES		FREQUENCY OF OFFERING
CREDITS (including credit distribution)		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 #
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 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 ☐

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 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: ☐

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 ☒ 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

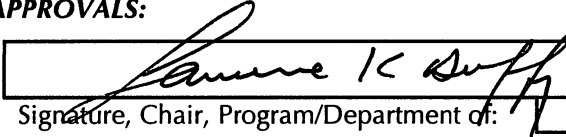
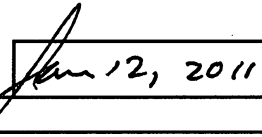
JUSTIFICATION FOR ACTION REQUESTED

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.

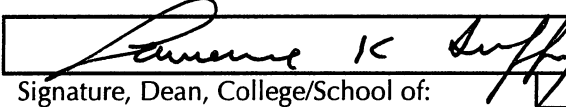
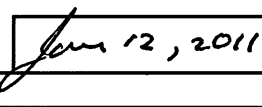
Provost requested it to be removed from the catalog for non-use.

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APPROVALS:

	Date	
Signature, Chair, Program/Department 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 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:		

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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 IDENTIFICATION:

Dept **INDS** Course # **F696** No. of Credits **0**

COURSE TITLE **Generic Grad Extd Reg**

2. ACTION DESIRED:

Change Course ☐ If Change, indicate below what change. Drop Course ☒

NUMBER	TITLE	DESCRIPTION
PREQUISITES		FREQUENCY OF OFFERING
CREDITS (including credit distribution)		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 #
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 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 ☐

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 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**

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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 (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

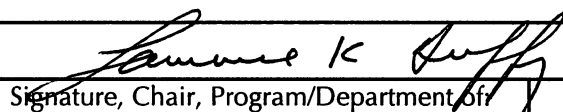
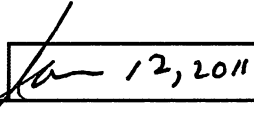
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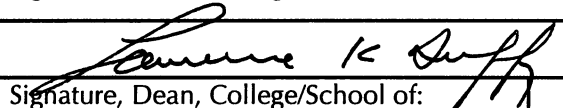
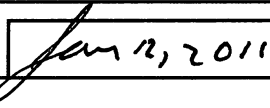
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APPROVALS:

	Date	
Signature, Chair, Program/Department 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 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: _____		

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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 IDENTIFICATION:

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

COURSE TITLE **Thesis**

2. ACTION DESIRED:

Change Course ☐ If Change, indicate below what change. Drop Course ☒

NUMBER	TITLE	DESCRIPTION
PREQUISITES		
CREDITS (including credit distribution)		
CROSS-LISTED		
STACKED (400/600)		
OTHER (please specify)		

FREQUENCY OF OFFERING

COURSE CLASSIFICATION

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

Dept.

Dept.

Course #

3. COURSE FORMAT

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COURSE FORMAT: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒ 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 ☐

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 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

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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:

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

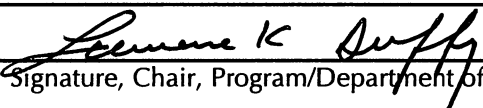
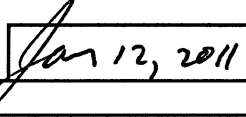

JUSTIFICATION FOR ACTION REQUESTED

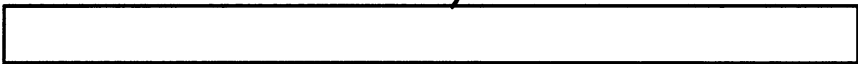


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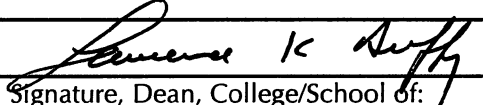
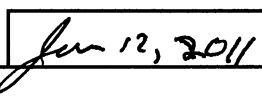

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APPROVALS:

	Date	
Signature, Chair, Program/Department of: 		

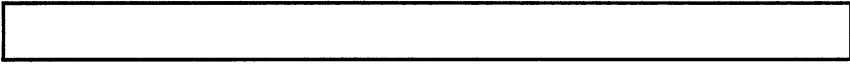

	Date	
Signature, Chair, College/School Curriculum Council for: 		

	Date	
Signature, Dean, College/School of: 		

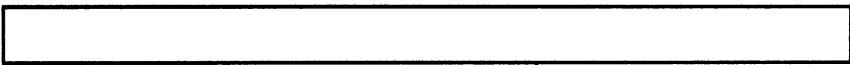


	Date	
Signature of Provost (if applicable)		

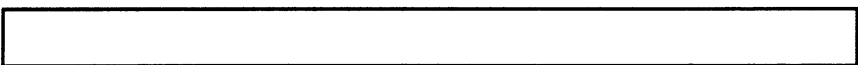


Offerings above the level of approved programs must be approved in advance by the Provost.




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: 		

March 23, 2011

The Graduate Academic & Advisory Committee has approved the following:

GRADUATE PROGRAM REQUEST:

SUBMITTED BY THE SCHOOL OF NATURAL RESOURCES AND AGRICULTURAL
SCIENCES

(Submitted by the Geography Program)

Course Drops: Please see the attached lists of "moldy" courses.

Effective: Fall 2011, unless otherwise specified.

Rationale: See request attached.

APPROVED:


Chancellor's / Provost's Office

DATE:

3/29/11

DISAPPROVED:

Chancellor's / Provost's Office

DATE:

Submit original with signatures + 3 copies

CHANGE COURSE (MAJOR) and DROP COURSE PROPOSAL

SUBMITTED BY:

Department	NRM	College/School	SNRAS
Prepared by	Martha Westphal	Phone	7188
Email Contact	mmwestphal@alaska.edu	Faculty 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 Course # No. of Credits

COURSE TITLE

2. ACTION DESIRED:

Change Course ☐ If Change, indicate below what change. Drop Course ☒

NUMBER	TITLE	DESCRIPTION
PREQUISITES		FREQUENCY OF OFFERING
CREDITS (including credit distribution)		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 #
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) ☐ 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 ☐ YES ☐ NO
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

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

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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)

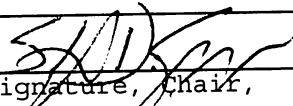
13. **POSITIVE AND NEGATIVE IMPACTS**

Please specify positive and negative impacts on other courses, programs and departments resulting from the proposed action.

JUSTIFICATION FOR ACTION REQUESTED

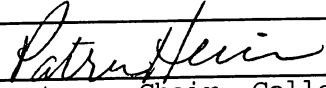
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APPROVALS:



Date 03 Nov 2010

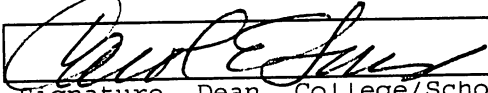
Signature, Chair,
Program/Department of:



Date 1/4/11

Signature, Chair, College/School
Curriculum Council for:

SNRAS



Date 1-5-11

Signature, Dean, College/School
of:

SNRAS

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 TO THE GOVERNANCE OFFICE.

Date

Signature, Chair, UAF Faculty Senate Curriculum
Review Committee

Courses to delete from Banner and Catalog

NRM	F398	Research	199702	
NRM	F404	Envrnmntl Impact Statement Law	199702	200101
NRM	F431	Wildlife Law and Policy	199702	200401
NRM	F432	Lit of Science & Environment	200303	
NRM	F462	Alaskan Environmental Ed	199702	199803
NRM	F607	Biotechnology	199702	
NRM	F625	Adv Ungulate Mgt & Prod Sysms	199702	199801
NRM	F632	Lit of Science & Environment	200101	200301
NRM	F640	Simulatn & Modelng in Res Mgt	199702	200401
NRM	F678	Ecosystem Management	199702	200401
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	

*Undergrad.
level*

*Graduate
level*