

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	Biology & Wildlife	College/School	CNSM
Prepared by	Dawn Dearing	Phone	474-6294
Email Contact	dmdearing@alaska.edu	Faculty Contact	Christa Mulder

1. COURSE IDENTIFICATION:

Dept	BIOL	Course #	F328	No. of Credits	3
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COURSE TITLE	Biology of Marine Organisms
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2. ACTION DESIRED:

Change Course	<input type="checkbox"/>	If Change, indicate below what change.	Drop Course	<input checked="" type="checkbox"/>
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) Include syllabi.		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)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 weeks to full semester
OTHER FORMAT (specify all that apply)						
Mode of delivery (specify lecture, field trips, labs, etc)						

OCT 27 2010

Dean's Office

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.

This will not have any impact on budget, facilities or faculty.

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)

13. POSITIVE AND NEGATIVE IMPACTS



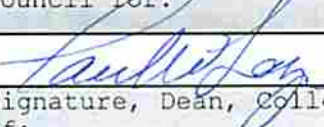
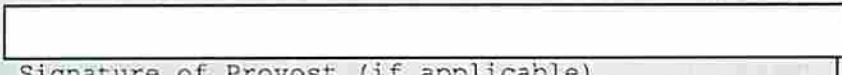
Please specify **positive** and **negative** impacts on other courses, programs and departments resulting from the proposed action.

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.

This course was taught a number of times by an adjunct faculty member who is no longer associated with the department. It has not been taught for many years. It did not fit naturally into the terrestrial focus of our department, and SFOS is planning on redeveloping this course. We anticipate cross-listing with biology after this occurs.

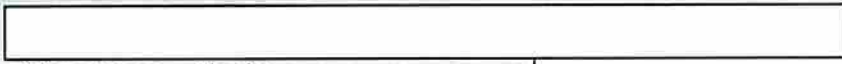
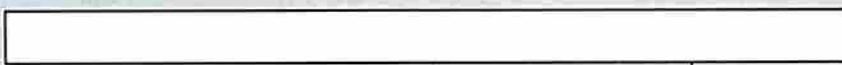

APPROVALS:

	Date	Oct 21, 2010
Signature, Chair, Program/Department of:	Christa P.H. Mulder	
	Date	26 Oct 2010
Signature, Chair, College/School Curriculum Council for:	CNSM	
	Date	10/27/10
Signature, Dean, College/School of:	CNSM	
	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:		