Proposal to Change a Course

NOTE: All gray text boxes must be completed (even if you just put N/A into them), otherwise the committee must consider the form incomplete.

Contact person Godwin O. Uwah Email address UwahG@cofc.edu Phone 953-5723

1. Department: French, Francophone & Italian Studies

2. Course Number and Title: FREN314: French Conversation

3. Semester and year when the course change(s) will go into effect: Fall 2011

4. Change(s) Desired (Note: if more than 2 items listed under “Typical changes handled by this form” in Guidelines for Planning to Change a Course, then a New Course form must be completed):

   Emphasis on the enhancement of oral proficiency in French. Students improve pronunciation, conversation and listening skills, while developing and expanding French vocabulary. Conversation topics will include a wide range of situations and themes. Students are highly encouraged to take FREN 313 and 314 concurrently. This course is conducted in French.
   Prerequisites: FREN 202 or FREN 250 or placement.

5. Justification for Change(s):

   By clearly distinguishing the basic needs of courses going forward in the 300 and 400 levels, it was determined that FREN 313 and 314 would have to address the overall fundamentals separately. The recommendation to have students take these courses together would better ensure these fundamentals are instilled, better preparing students going forward.

6. Is this course to be added to the Degree Requirements of a Major, Minor, Concentration or List of Approved Electives?
   a) ☒ yes ☐ no

   b) If yes, complete the Change Degree Requirements form(s) and list the name(s) of the major, minor, concentration and/or list of approved electives here:
      For the minor: Fren 313, FREN 314, one 400-level French course, one course at the 300-level, and 2 electives at the 300 or 400-level.

7. Is the course part of any other degree or program? Please consult the most up to date undergraduate catalog and search for uses of the course to see who should be contacted. If yes, what department/program? Please contact the department chair/program director and request a note or email that they are aware of the proposed change and include that note with the proposal.
   No
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8. Signature of Department Chair or Program Director:

______________________________________________________________

Date: _______________________

9. Signature of Dean of School:

______________________________________________________________

Date: _______________________

10. Signature of Curriculum Committee Chair:

______________________________________________________________

Date: _______________________

11. Signature of Faculty Senate Secretary:

______________________________________________________________

Date Approved by Senate: _______________________

Completed form should be sent by the Faculty Senate Secretary to the Registrar. After implementation, information concerning the passed course and program changes will be provided by the Registrar to all faculty and staff on campus.