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 Heath Hoffmann Email address hoffmannh@cofc.edu Phone 8182

1. Department: Sociology & Anthropology

2. Course Number and Title: ANTH 201: Comparative Social Organization

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):

   Change the title of the course to "Cultural Anthropology."

   Eliminate the prerequisite for this class.

5. Justification for Change(s):

   The course title is not inherently meaningful to students and "Cultural Anthropology" better reflects the way that this course fits into the overall Anthropology curriculum.

   Eliminating the prerequisites will bring this class in line with ANTH 202 and 203 which do not have prerequisites.

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:
      NA

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.
   ANTH 201 is not part of any other degree or program.

This form was approved by FCC on 8/17/2010 and replaces all others.
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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.