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 210: History of Anthropological Theory

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 "Development of Anthropological Thought."

5. Justification for Change(s):

   We have found that any course with the word "theory" in the title becomes immediately unpopular with students. While it may seem a silly change, we learned through Sociology's experience (their theory class is titled "Development of Sociological Thought") that avoiding the use of the word theory diminishes students' "hostility" to the course.

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 210 is not part of any other degree or program.
Proposal to Change a Course

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.