Proposal to Change Degree Requirements For the Major

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 Michael Skinner  Email address skinnerm@cofc.edu Phone 953-8044

1. Department: TEDU

2. Degree: Education (Special Education)

3. Semester and year in which degree change(s) will go into effect: Fall 2011

4. Change(s) Desired (Note: if the change includes deleting courses from the inventory, a Delete Course form must also be completed for each course, the Curriculum Committee does not assume the responsibility to delete the course):

   EDFS 428 Procedures for Teaching Students with Learning Disabilities (new course) to be substituted for EDFS 427 Mathematics for Students with Disabilities (existing course)

5. Justification for Change(s):

   This course will replace EDFS 427 -- Mathematics for Students with Disabilities -- in the existing curriculum. EDFS 427 focuses very narrowly on math instruction. The course proposed here provides an emphasis on research-based practices for teaching mathematics, modifying instruction in content areas, teaching learning strategies, and facilitating transition. The course focuses on preparing students to teach in resource and inclusive models of service delivery.

6. Does the change include deleting or adding courses from other departments? 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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6. Signature of Department Chair (s) or Program Director(s):
   __________________________________________ Date: ________________
   __________________________________________ Date: ________________

7. Signature of Dean(s) of School:
   __________________________________________ Date: ________________
   __________________________________________ Date: ________________

8. Signature of Provost:
   __________________________________________
   Date: ____________________________

9. Signature of Curriculum Committee Chair:
   __________________________________________
   Date: ____________________________

10. Signature of Budget Committee Chair:
    __________________________________________
    Date: ____________________________

11. Signature of Academic Planning Committee Chair:
    __________________________________________
    Date: ____________________________

12. 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.