FACULTY CURRICULUM COMMITTEE COURSE FORM

Contact Name: Beth Goodier
Email: goodierb@cofc.edu
Phone: 3-7420

Department or Program Name: Communication
School name: Humanities and Social Sciences

Course Prefix, Number, and Title: COMM 436 Crisis Communication

I. CATEGORY OF REVIEW (Check all that apply)
(Note: For changes to course, if you check more than two separate changes, you must create a new course.)

NEW COURSE

☐ New Course (attach syllabus)

CHANGE COURSE

☐ Change Number
☐ Change Title
☐ Change Credits/Contact hours
☐ Prerequisite Change
☐ Edit Description

DELETE COURSE

☐ Re-activate Course
☒ Delete Course

☐ Approve for Cross-listing (attach rationale and written permission from relevant department)

☐ Intended to fulfill a General Education requirement (new courses only). If this box is checked, the course must also be submitted for review by the General Education Committee using this form.

Date (Semester/Year) the course will first be offered:

What are the prerequisites AND OTHER RESTRICTIONS (e.g., class level, major, co-requisite, credit for a mutually exclusive course)?

Will this course be added to the Degree Requirements of a Major, Minor, Concentration or List of Approved Electives?

☐ a) Yes    ☐ b) No

b) If yes, complete and attach the CHANGE DEGREE REQUIREMENT form(s) for each affected program. List the name(s) of each program affected below:

II. NUMBER OF CREDITS and CONTACT HOURS per week

A. Contact Hours

B. Credit Hours

Is this course repeatable? ☐ yes ☐ no  If so, how many credit hours may the student earn in this course?
III. CATALOG DESCRIPTION  Limit to 50 words EXACTLY as you want it to appear in the catalog; include prerequisites, co-requisites, and other restrictions.

IV. RATIONALE or JUSTIFICATION: If course change or deletion—please provide reasons for change(s) to or deletion of a course. If a new course—briefly address the goals/objectives for the course, how the course supports a major or minor program, etc. For non-major courses address how the course supports the liberal arts tradition and the mission of the institution.

The College approved an all-new curriculum for all COMM majors, eliminating concentrations, effective Fall 2010. The department faculty voted in August 2010, effective Fall 2012, to delete any old courses that were specific to any of the eliminated concentrations, such as COMM 436 (which was one of two courses that were overlooked when the course deletions were done last year). COMM 436 is not offered after 2011-2012.

V. STUDENT LEARNING OUTCOMES and ASSESSMENT

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<th>Student Learning Outcomes</th>
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How does this course align with the student learning outcomes articulated for the major, program, or general education? What program-level outcome or outcomes does it support? Is the content or skill introduced, reinforced, or demonstrated in this course?
VII. IMPACT ON EXISTING PROGRAMS and COURSES: Please briefly document the impact of this new/changed/deleted course on other programs and courses; if deleting a course—list all programs that include the course; if adding/changing a course—explain any overlap with existing courses in the same or different departments.

No other programs include the deleted course.

VIII. COSTS ASSOCIATED WITH THE ACTION REQUESTED: List all of the new costs or cost savings, (including new faculty/staff requests, library or equipment, etc.) associated with the action requested.

No costs.

IX. APPROVAL AND SIGNATURES

1. Signature of Department Chair or Program Director:

   [Signature] Date: 11/5/11

2. Signature of Academic Dean:

   [Signature] Date: 11/7/11

3. Signature of Provost:

   [Signature] Date: 11/7/11

4. Signature of Curriculum Committee Chair:

   [Signature] Date:

5. Signature of Faculty Senate Secretary:

   [Signature] Date:

Date Approved by Faculty Senate: ____________________________

Following Senate approval, the Faculty Senate Secretary will forward the entire packet to the Registrar.
FACULTY CURRICULUM COMMITTEE COURSE FORM

Contact Name: Beth Goodier  
Email: goodierb@cofc.edu  
Phone: 3-7420

Department or Program Name: Communication  
School name: Humanities and Social Sciences

Course Prefix, Number, and Title: COMM 435 Public Relations Campaigns

I. CATEGORY OF REVIEW (Check all that apply)  
(Note: For changes to course, if you check more than two separate changes, you must create a new course.)

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IX. APPROVAL AND SIGNATURES

1. Signature of Department Chair or Program Director:

[Signature]

Date: 10/21/11

2. Signature of Academic Dean:

[Signature]

Date: 10/24/11

3. Signature of Provost:

[Signature]

Date: 11/7/11

4. Signature of Curriculum Committee Chair:

[Signature]

Date: ________________

5. Signature of Faculty Senate Secretary:

[Signature]

Date: ________________

Date Approved by Faculty Senate: ________________

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FACULTY CURRICULUM COMMITTEE COURSE FORM

Contact Name: Beth Goodier
Email: goodierb@cofc.edu
Phone: 3-7420

Department or Program Name: Communication
School name: Humanities and Social Sciences

Course Prefix, Number, and Title: COMM 482 Rhetoric and Identity

I. CATEGORY OF REVIEW (Check all that apply)
(Note: For changes to course, if you check more than two separate changes, you must create a new course.)

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