FACULTY CURRICULUM COMMITTEE COURSE FORM

Contact Name: David Moscowitz  Email: moscowitzd@cofc.edu  Phone: 3-7017

Department or Program Name: Women’s and Gender Studies  School name: HSS

Course Prefix, Number, and Title: WGST 381 Women’s and Gender Studies Internship

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.)

<table>
<thead>
<tr>
<th>NEW COURSE</th>
<th>CHANGE COURSE</th>
<th>DELETE COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ New Course (attach syllabus)</td>
<td>□ Change Number</td>
<td>□ Re-activate Course</td>
</tr>
<tr>
<td></td>
<td>□ Change Title</td>
<td>□ Delete Course</td>
</tr>
<tr>
<td></td>
<td>□ Change Credits/Contact hours</td>
<td></td>
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<tr>
<td></td>
<td>□ Prerequisite Change</td>
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<tr>
<td></td>
<td>□ Edit Description</td>
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</tbody>
</table>

□ 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  □ 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? xx yes □ no  If so, how many credit hours may the student earn in this course? 6
III. CATALOG DESCRIPTION  Limit to 50 words EXACTLY as you want it to appear in the catalog: include prerequisites, co-requisites, and other restrictions.

The following should be appended to the end of the existing description:

A maximum of 6 hours may be applied to the WGS major or minor.

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 WGS executive committee feels that it is necessary to change the limit of the number of internship hours that may be attributed to the major and minor in Women’s and Gender Studies.

V. STUDENT LEARNING OUTCOMES and ASSESSMENT

<table>
<thead>
<tr>
<th>Student Learning Outcomes</th>
<th>Assessment Method and Performance Expected</th>
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<tr>
<td>What will students know and be able to do when they complete the course?</td>
<td>How will each outcome be measured? Who will be assessed, when, and how often? How well should students be able to do on the assessment?</td>
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</tbody>
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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.
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.

none

IX. APPROVAL AND SIGNATURES

1. Signature of Department Chair or Program Director:

2. Signature of Academic Dean:

3. Signature of Provost:

4. Signature of Curriculum Committee Chair:

5. Signature of Faculty Senate Secretary:

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: David Moscowitz  Email: moscowitzd@cofc.edu  Phone: 3-7017

Department or Program Name: Women’s and Gender Studies  School name: HSS

Course Prefix, Number, and Title: WGST 400 Independent Study

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  ☐ 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? xx yes ☐ no  If so, how many credit hours may the student earn in this course? 6
III. CATALOG DESCRIPTION Limit to 50 words EXACTLY as you want it to appear in the catalog: include prerequisites, co-requisites, and other restrictions.

The following should be appended to the end of the existing description:

A maximum of 6 hours may be applied to the WGS major or minor.

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 WGS executive committee feels that it is necessary to declare a limit to the number of hours that may be attributed to the major and minor in Women’s and Gender Studies.

V. STUDENT LEARNING OUTCOMES and ASSESSMENT

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<td>3.</td>
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</tbody>
</table>

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.
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.

none

IX. APPROVAL AND SIGNATURES

1. Signature of Department Chair or Program Director:
   
   [Signature]
   
   Date: 3/9/12

2. Signature of Academic Dean:
   
   [Signature]
   
   Date: 3/9/12

3. Signature of Provost:
   
   [Signature]
   
   Date: 8/10/2012

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.
The maximum hours that WGS majors or minors can use to fulfill degree requirements is now capped at six for internship(s) [WGST 381] and six for independent study [WGST 400].

This ensures that WGS majors and minors pursue adequate breadth to the way they fulfill degree requirements (by limiting how many internship and independent study hours can be applied to fulfilling the major or minor).

IV. CURRICULUM

A. Provide the complete curriculum for the changed program and/or new emphasis distinguishing between required and elective courses. Note pre-requisite courses where appropriate. Note any sequencing of courses or requirements in the program.

B. Provide the COMPLETE curriculum for the changed program and/or new emphasis distinguishing between required and elective courses. Note pre-requisite courses where appropriate. Note any sequencing of courses or requirements in the
program, listed exactly as it should appear in the catalog. Attach the completed COURSE FORM and a sample syllabus for each new course.

V. STUDENT LEARNING OUTCOMES and ASSESSMENT

<table>
<thead>
<tr>
<th>Program-Level Student Learning Outcomes</th>
<th>Assessment Method and Performance Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>What will students know and be able to do when they complete the program/emphasis? Attach Curriculum Map.</td>
<td>How will each outcome be measured? Who will be assessed, when, and how often? How well should students be able to do on the assessment?</td>
</tr>
</tbody>
</table>

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Additional Outcomes or Comments:

VI. IMPACT ON EXISTING PROGRAMS and COURSES Please briefly document the impact of this changed/deleted program or new emphasis on other programs and courses; if changing/deleting a program—list all programs that will be impacted (and how); if adding a new emphasis—explain any overlap with existing programs or courses in the same or different departments.

VII. 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.
VIII. APPROVAL and SIGNATURES

1. Signature of Department Chair or Program Director: 
   [Signature]
   Date: 8.27.12

2. Signature of Academic Dean: 
   [Signature]
   Date: 8.28.12

3. Signature of Provost: 
   [Signature]
   Date: 8.28/12

4. Signature of Curriculum Committee Chair: 
   [Signature]
   Date: __________

5. Signature of Budget Committee Chair: 
   [Signature]
   Date: __________

6. Signature of Academic Planning Committee Chair: 
   [Signature]
   Date: __________

7. 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.