FACULTY COMMITTEE ON GRADUATE EDUCATION, CONTINUING EDUCATION AND SPECIAL PROGRAMS
GRADUATE COURSE PROPOSAL FORM

Contact Name: Christine Finnan Email: finnanc@cofc.edu Phone: 953-4826

Department Name: TEDU Graduate Program name: Masters of Teaching, Learning and Advocacy (MTLA)

Course Prefix, Number, and Title: MTLA 604 Identifying and Sustaining Effective Learning Communities

I. CATEGORY OF REVIEW (Check all that apply)

NEW COURSE  CHANGE COURSE  DELETE COURSE

☐ New Course (attach syllabus*)  ☐ Change Number (IV, VII, VIII, IX)  x Delete Course (IV, VII, IX)
☐ Change Title (IV, VII, VIII, IX)
☐ Change Credits/Contact hours (II, IV, VII, IX)
☐ Prerequisite Change (IV, VII, VIII, IX)
☐ Edit Description (III, IV, VII, VIII, IX)

☐ Approve for Cross-listing (attach Graduate Permission to Cross-list Form)

Date (Semester/Year) the course will first be offered, course changes or deletion will go into effect: Spring 2014

NEW COURSE:

*ATTACH THE SYLLABUS FOR A NEW GRADUATE COURSE to include:

• Course description and objectives
• Method of teaching (e.g., lecture, seminar, on-line, hybrid)
• Required and optional texts and materials
• Graduate School Grading Scale
• Assignments, student learning outcomes and assessment components
• Policies to include attendance, Honor Code, American Disabilities Act statement
• Tentative course schedule with specific topics
List prerequisites and/or other restrictions below

Will this course be added to the Degree Requirements?

a) [ ] Yes  [ ] No

b) If yes, explain

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. If changing course description, please include both old and new course descriptions.
IV. RATIONALE / JUSTIFICATION: If course change – please indicate the course change details. 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 and the relationship to the strategic plan.

The course content no longer fits with the goals of the program.

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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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 and expected changes of this new/changed/deleted course on other departments, programs and courses; if deleting a course—list all departments and programs that include the course; if adding/changing a course—explain any overlap with existing courses in the same or different departments; if adding or deleting a course that will be part of a joint program identify the partner institution.

The course is not a part of any other masters level programs so deleting it from the MTLA program will have no effect on other courses or programs.

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. New courses requiring additional resources will need special justification.

There is no cost associated with this change.
IX. APPROVAL AND SIGNATURES

Signature of Program Director:
________________________________________ Date: ________________

Signature of Department Chair:
________________________________________ Date: ________________

Signature of Additional Chair*:
________________________________________ Date: ________________

Signature of Schools’ Dean:
________________________________________ Date: ________________

Signature of Additional Schools’ Dean*:
________________________________________ Date: ________________

Signature of the Provost:
________________________________________ Date: ________________

Signature of Budget Director/Business Affairs Office:
________________________________________ Date: ________________

*For interdisciplinary courses

Return form to the Graduate School Office for Further Processing

Signature of Chair of the Faculty Committee on Graduate Education, Continuing Education & Special Programs:
________________________________________ Date: ________________

Signature of Chair of the Graduate Council:
________________________________________ Date: ________________

Signature of Faculty Senate Secretary:
________________________________________ Date: ________________

Date Approved by Faculty Senate: ________________________________