FACULTY CURRICULUM COMMITTEE
SIGNATURE PAGE

- In section A, list ALL of the forms covered by this signature page. If you submit a form that is not listed in A, your proposal will be held back until we receive a new, updated signature page.
- You must obtain the signature of your department chair and dean before submitting your proposal.

A. FORMS COVERED BY THIS SIGNATURE PAGE. List each form you are submitting—for instance, PSYC 383, Course Form; PSYC, Change of Major Form; PSYC, Change of Minor Form.

Change Course Form: (PreRequisites): ARBC 390, 496

B. APPROVAL AND SIGNATURES.

1. Signature of Department Chair or Program Director:

   [Signature]

   Date: 12/3/15

2. Signature of Academic Dean:

   [Signature]

   Date: 12/4/15

3. Signature of Provost:

   [Signature]

   Date: 1/8/16

4. Signature of Business Affairs (only for course fees):

   [Signature]

   Date: ____________________________

   □ fee approved on __________
   □ BOT approval pending

5. Signature of Curriculum Committee Chair:

   [Signature]

   Date: ____________________________

6. Signature of Budget Committee Chair (only for new programs):

   [Signature]

   Date: ____________________________

7. Signature of Academic Planning Committee Chair (only for new programs):

   [Signature]

   Date: ____________________________

8. Signature of Faculty Senate Secretary:

   [Signature]

   Date: ____________________________

Date Approved by Faculty Senate: ____________________________
FACULTY CURRICULUM COMMITTEE
COURSE FORM

A. CONTACT/COURSE INFORMATION.

Name: Shawn Morrison  Phone: 953-4266  Email: morrisonsh@cofc.edu

Department or Program: ASST  School: LCWA

Subject Acronym and Course Number: ARBC 390, ARBC 496

Catalog Year in which changes will take effect: FALL 2016

B. TYPE OF REQUEST. Please check all that apply, then fill out the specified parts of the form.

X Change Part of an Existing Course (complete parts C, D, E, F, G, I, J)
X Restrictions (prerequisites, co-requisites, junior/senior standing, etc.)

C. RATIONALE AND EXPLANATION. Please describe your request and explain why you are making it.

Currently, the course(s) listed here do/does not have the 202 course in that language as a pre-requisite. We are attempting to clarify that the proficiency level of 202 in that language must be present in order for the student to sign up for the course.

In order to be more transparent, we are requesting that the following statement be placed as the pre-requisite for each course listed in this form:

“ARBC 202 or placement or permission of the instructor.”

D. IMPACT ON EXISTING PROGRAMS AND COURSES. Please briefly describe the impact of your request on your own programs and courses as well other programs and courses. If another program requires the course, you must submit their written acknowledgement with this proposal. Also, the affected program must describe any change in the number of credit hours they require. Include a list of similar courses in other departments and explain any overlap.

NONE

E. EXISTING COURSE INFORMATION. If you are proposing a new course, just leave this blank. Otherwise, please fill out all fields.

ARBC Course # 1  ARBC 390

  Department: ASST  School: LCWA  Subject Acronym: ARBC  Course Number: 390
  Credit hours: 3 lecture
  Contact hours: 45 lecture
  Course title: Special Topics in Arabic

  Course description (maximum 50 words, exactly as it appears in the catalog):

ARBC 390 Special Topics in Arabic (3) Intensive study of a particular subject or theme. Specific topics will be listed in the schedule of courses when offered. Repeatable: May be repeated for credit when course content varies.

This form was last updated on 12/13/13 and replaces all others.
ARBC Course # 2 ARBC 496

Department: ASST School: LCWA Subject Acronym: ARBC Course Number: 496
Credit hours: 1-3 Independent Study
Contact hours: 15-45 Independent Study
Course title: Independent Study in Arabic

ARBC 496 Independent Study (1-3) Individually-supervised course focusing on speech, reading, and/or writing. The specific topic will be determined in consultation with the instructor, who will guide the work and determine the number of credit hours to be assigned. Prerequisite: Permission of instructor. Repeatable for up to 6 credits.

F. NEW COURSE INFORMATION. If you are deactivating a course, leave this blank. Otherwise, please fill out all fields. For changed courses, use boldface for the information that is changing.

ARBC Course # 1: ARBC 390 Special Topics in Arabic (3) Same description, add the following text: Prerequisite: ARBC 202 or placement or permission of the instructor.

ARBC Course # 2: ARBC 496 Independent Study (1-3). Same description, add the following text: Prerequisite: ARBC 202 or placement or permission of the instructor.

G. COSTS. List all of the new costs or cost savings (including new faculty/staff requests, library, equipment, etc.) associated with your request. NONE

I. PROGRAM CHANGES. Will this course be added to the existing degree requirements or list of approved electives of a major, minor, or concentration? X no

J. CHECKLIST.

X I have completed all relevant parts of the form.

X I have attached a cover letter that describes my request and lists all the documents I am submitting.

X I have submitted one Signature Form that lists all of the different forms I am submitting.
FACULTY CURRICULUM COMMITTEE 
SIGNATURE PAGE

• In section A, list ALL of the forms covered by this signature page. If you submit a form that is not listed in A, your proposal will be held back until we receive a new, updated signature page.
• You must obtain the signature of your department chair and dean before submitting your proposal.

A. FORMS COVERED BY THIS SIGNATURE PAGE. List each form you are submitting—for instance, PSYC 383, Course Form; PSYC, Change of Major Form; PSYC, Change of Minor Form.

Change Course Form: (Prerequisites) : CHNS 330, 496

B. APPROVAL AND SIGNATURES.

1. Signature of Department Chair or Program Director:

   [Signature]  
   Date: 12/3/15

2. Signature of Academic Dean:

   [Signature]  
   Date: 12/4/15

3. Signature of Provost:

   [Signature]  
   Date: 

4. Signature of Business Affairs (only for course fees):

   [Signature]  
   Date: 
  fee approved on 
   □ BOT approval pending

5. Signature of Curriculum Committee Chair:

   [Signature]  
   Date: 

6. Signature of Budget Committee Chair (only for new programs):

   [Signature]  
   Date: 

7. Signature of Academic Planning Committee Chair (only for new programs):

   [Signature]  
   Date: 

8. Signature of Faculty Senate Secretary:

   [Signature]  
   Date: 

Date Approved by Faculty Senate: 

[Signature]
A. CONTACT/COURSE INFORMATION.

Name: Shawn Morrison  Phone: 953-4266  Email: morrisonsh@cofc.edu

Department or Program: ASST  School: LCWA

Subject Acronym and Course Number: CHNS 330, CHNS 496

Catalog Year in which changes will take effect: FALL 2016

B. TYPE OF REQUEST. Please check all that apply, then fill out the specified parts of the form.

X Change Part of an Existing Course (complete parts C, D, E, F, G, I, J)
X Restrictions (prerequisites, co-requisites, junior/senior standing, etc.)

C. RATIONALE AND EXPLANATION. Please describe your request and explain why you are making it.

Currently, the course(s) listed here do/does not have the 202 course in that language as a pre-requisite. We are attempting to clarify that the proficiency level of 202 in that language must be present in order for the student to sign up for the course.

In order to be more transparent, we are requesting that the following statement be placed as the pre-requisite for each course listed in this form:

“CHNS 202 or placement or permission of the instructor.”

D. IMPACT ON EXISTING PROGRAMS AND COURSES. Please briefly describe the impact of your request on your own programs and courses as well other programs and courses. If another program requires the course, you must submit their written acknowledgement with this proposal. Also, the affected program must describe any change in the number of credit hours they require. Include a list of similar courses in other departments and explain any overlap.

NONE

E. EXISTING COURSE INFORMATION. If you are proposing a new course, just leave this blank. Otherwise, please fill out all fields.

CHNS Course # 1:

Department: ASST  School: LCWA  Subject Acronym: CHNS  Course Number: 330
Credit hours: 1-3 Collateral Study
Contact hours: 15-45 Collateral Study
Course title: Collateral Study

CHNS 330 Collateral Study (1-3)

Individually supervised course of reading in Chinese and in the subject area of a concurrent course offered by another department. The nature and extent of readings will be determined in consultation among student, instructor of the primary subject matter course, and the language instructor who will supervise and evaluate the student’s linguistic performance. A collateral study course may be repeated up to a maximum of six credit hours in conjunction with other primary courses. Repeatable: For up to 6 credit hours.

This form was last updated on 12/13/13 and replaces all others.
CHNS course # 2:

Department: ASST  School: LCWA  Subject: Acronym: CHNS  Course Number: 496
Credit hours:  1-3 Independent Study
Contact hours:  15.45 Independent Study
Course title: Independent Study

CHNS 496 Independent Study (1-3)

Individually-supervised course focusing on speech, reading, and/or writing. The specific topic will be determined in consultation with the instructor, who will guide the work and determine the number of credit hours to be assigned. Prerequisite: Permission of instructor. Repeatable: For up to 6 credit hours.

F. NEW COURSE INFORMATION. If you are deactivating a course, leave this blank. Otherwise, please fill out all fields. For changed courses, use boldface for the information that is changing.

CHNS Course # 1: Same description. Add PR: CHNS 202 or placement or permission of the instructor.

CHNS Course # 2: Same description. Add PR: Restrictions (pre-requisites, co-requisites, majors only, etc.): Permission of instructor. CHNS 202 or placement or permission of the instructor.

G. COSTS. List all of the new costs or cost savings (including new faculty/staff requests, library, equipment, etc.) associated with your request. NONE

I. PROGRAM CHANGES. Will this course be added to the existing degree requirements or list of approved electives of a major, minor, or concentration? X no

J. CHECKLIST.

X I have completed all relevant parts of the form.

X I have attached a cover letter that describes my request and lists all the documents I am submitting.

X I have submitted one Signature Form that lists all of the different forms I am submitting.

This form was last updated on 12/13/13 and replaces all others.
FACULTY CURRICULUM COMMITTEE
SIGNATURE PAGE

• In section A, list ALL of the forms covered by this signature page. If you submit a form that is not listed in A, your proposal will be held back until we receive a new, updated signature page.
• You must obtain the signature of your department chair and dean before submitting your proposal.

A. FORMS COVERED BY THIS SIGNATURE PAGE. List each form you are submitting—for instance, PSYC 383, Course Form; PSYC, Change of Major Form; PSYC, Change of Minor Form.

Change Course Form: (Prerequisites): JPNS 390, 496

B. APPROVAL AND SIGNATURES.

1. Signature of Department Chair or Program Director:

   ___________________________ Date: 12/3/15

2. Signature of Academic Dean:

   ___________________________ Date: 12/4/15

3. Signature of Provost:

   ___________________________ Date: __________________

4. Signature of Business Affairs (only for course fees):

   ___________________________ Date: __________________
   □ fee approved on __________
   □ BOT approval pending

5. Signature of Curriculum Committee Chair:

   ___________________________ Date: __________________

6. Signature of Budget Committee Chair (only for new programs):

   ___________________________ Date: __________________

7. Signature of Academic Planning Committee Chair (only for new programs):

   ___________________________ Date: __________________

8. Signature of Faculty Senate Secretary:

   ___________________________ Date: __________________

Date Approved by Faculty Senate: __________________
A. CONTACT/COURSE INFORMATION.

Name: Shawn Morrison  Phone: 953-4266  Email: morrisonsh@cofc.edu

Department or Program: ASST  School: LCWA

Subject Acronym and Course Number: JPNS 390, 496

Catalog Year in which changes will take effect: FALL 2016

B. TYPE OF REQUEST. Please check all that apply, then fill out the specified parts of the form.

X Change Part of an Existing Course (complete parts C, D, E, F, G, I, J)

X Restrictions (prerequisites, co-requisites, junior/senior standing, etc.)

C. RATIONALE AND EXPLANATION. Please describe your request and explain why you are making it.

Currently, the course(s) listed here do/does not have the 202 course in that language as a pre-requisite. We are attempting to clarify that the proficiency level of 202 in that language must be present in order for the student to sign up for the course.

In order to be more transparent, we are requesting that the following statement be placed as the pre-requisite for each course listed in this form:

“JPNS 202 or placement or permission of the instructor.”

D. IMPACT ON EXISTING PROGRAMS AND COURSES. Please briefly describe the impact of your request on your own programs and courses as well other programs and courses. If another program requires the course, you must submit their written acknowledgement with this proposal. Also, the affected program must describe any change in the number of credit hours they require. Include a list of similar courses in other departments and explain any overlap.

NONE

E. EXISTING COURSE INFORMATION. If you are proposing a new course, just leave this blank. Otherwise, please fill out all fields.

JPNS Course # 1 JPNS 390

Department: ASST  School: LCWA  Subject Acronym: JPNS  Course Number: 390
Credit hours: 3 Lecture
Contact hours: 45 Lecture
Course title: Special Topics

JPNS 390 Special Topics (3) Repeatable: May be repeated for credit when course content varies.
JPNS course #2 JPNS 496

Department: ASST  School: LCWA  Subject Acronym: JPNS  Course Number: 496
Credit hours: 1 - 3  Independent Study
Contact hours: 15 - 45  Independent Study
Course title:  Independent Study

JPNS 496 Independent Study (1-3) Individually-supervised course focusing on speech, reading, and/or writing. The specific topic will be determined in consultation with the instructor, who will guide the work and determine the number of credit hours to be assigned. Prerequisite: Permission of instructor Repeatable: For up to 6 credit hours.

F. NEW COURSE INFORMATION. If you are deactivating a course, leave this blank. Otherwise, please fill out all fields. For changed courses, use boldface for the information that is changing.

JPNS 390 Special Topics (3) Repeatable: May be repeated for credit when course content varies. Prerequisite: JPNS 202 or placement or permission of the instructor.

JPNS 496 Independent Study (1-3) Individually-supervised course focusing on speech, reading, and/or writing. The specific topic will be determined in consultation with the instructor, who will guide the work and determine the number of credit hours to be assigned. Prerequisite: JPNS 202 or placement or Permission of instructor Repeatable: For up to 6 credit hours.

G. COSTS. List all of the new costs or cost savings (including new faculty/staff requests, library, equipment, etc.) associated with your request. NONE

I. PROGRAM CHANGES. Will this course be added to the existing degree requirements or list of approved electives of a major, minor, or concentration?  X no

J. CHECKLIST.

X I have completed all relevant parts of the form.

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