

California State University, Bakersfield Academic Operations & Support Services

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\*DOWNLOAD THIS FORM AND DO A "SAVE AS" COPY (and save in [designated] folder) BEFORE FILLING OUT THE FORM\*

\*CLICK ON THE GRAY AREA BEFORE TYPING IN A SECTION\*

## **COURSE PROPOSAL FORM**

	Form Number						
SE	LECT ONE PROPOSAL ACTION (Select One)						
	EFFECTIVE CATALOG YEAR: FALL						
	O NEW O REVISION CANCELLED (no longer offered) (not schedulable)						
PI	PROGRAM OR SCHOOL & DEPARTMENT						
	School:						
	CALLUNIV CA&H CBPA CNSME CSSE CEUD						
	Department:						
	Proposed by:						
C	OURSE INFORMATION (required):						
	Course Title (Catalog Long Title):						
	Schedule Title (30 character space limit):						
	Subject Code:						
	Course Number:						
	Is the Course Number Being Reused?: CYES ONO						
	If YES – indicate the last term course was offered:						
	Course Unit Value: (indicate if fixed credit units or variable credit units [provide range])						
	Course Description: (40 word limit. For course revisions insert course description from current University Catalog; use strikethrough and underline MS Word actions to delete text or add/revise details.)						
	Grade Basis:						
	○ LETTER GRADED ○ CR/NC ○ CR/NC with RP ○ FYS ○ GRADED with RP ○ REMEDIAL						
	Prerequisites/Co-requisites: (Minimum grade requirement must be explicitly stated, if applicable. Include applicable equivalent course/test score						
	prerequisites/co-requisites.)  NOTE: Prerequisites may be enforced at the Schedule Level. Department consent may be enforced at the Schedule Level.						

PREVIOUS COURSE OFFERINGS		
If this is a new course proposal, has this course been offered previously with a different subject/course number?		
○ YES ○ NO		
If YES, indicate the Last Term Offered: , Year: and Course ID:		
COURSE EQUIVALENCY		
Is this course equivalent to other course(s):   YES ONO  If YES, list all of the course(s):		
COURSE REPETITION (must include repeat and maximum unit limit details in course description):		
Repeatable for Credit?: C YES C NO		
Allow multiple enrollments in the same term?: CYES ONO		
Repeatable under different topics?:   O YES O NO		
Maximum repeatable units allowed?:		
Maximum repeatable amount of times?:		
COURSE TYPE & DELIVERY MODE <a href="https://www.csub.edu/academicprograms/files/Course Classification CS Numbers.pdf">https://www.csub.edu/academicprograms/files/Course Classification CS Numbers.pdf</a>		
☐ ACTIVITY ☐ CLINICAL ☐ INDEPENDENT STUDY ☐ LECTURE ☐ LAB ☐ SEMINAR ☐ SUPERVISION		
☐ THESIS ☐ TUTORIAL ☐ OTHER		
Unit Split for Two Component Course Type:		
□ Lecture: □ Units & Activity: Units □ Lecture: Units & Lab Units □ Lecture:		
Units & Clinical Units □ Lecture: □ Units & Discussion: Units □ Lecture: Units & Seminar  Units		
☐ FACE-TO-FACE ☐ FULLY ONLINE ☐ HYBRID ☐ INDEPENDENT STUDY ☐ ITV		
CROSS-LISTING		
Is this course cross-listed with another subject/course?:		
If YES – indicate the cross-listed course(s):		
COURSE ATTRIBUTES Click here for course attributes list:		

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List all applicable course attributes:

SERVICE LEARNING AND COMMUNITY ENGAGED LEARNING ATTRIBUTES & VALUES (if applicable):					
Select all applicable attributes (CSLI, CCEL) and applicable values (EC, O, R):					
<ul> <li>□ CSLI (Service Learning)</li> <li>□ EC Extra Credit Service Learning Course</li> <li>□ O Optional Service Learning Course</li> <li>□ R Required Service Learning Course</li> </ul>	<ul> <li>□ CCEL (Curricular Community Engaged Learning)</li> <li>□ EC Extra Credit Community Engaged Learning</li> <li>□ O Optional Community Engaged Learning</li> <li>□ R Required Community Engaged Learning</li> </ul>				
CLASSROOM CHARACTERISTICS & NEEDS					
List all applicable course attributes:					
☐ Computer Lab-MAC ☐ Computer Lab-PC	☐ ITV Studio ☐ Smart Classroom PC ☐ No Room Need	ed			
TYPICALLY OFFERED					
This Course is Typically Offered:					
TEXTBOOK & OTHER MATERIALS					
Is a Textbook Required?	○ YES ○ NO				
If YES, Indicate Textbook Titles and ISBN Details	:				
Are Online Resource Materials Available?	C YES C NO				
Forward Course Details to the Library?	O YES O NO				
Is This Course a Zero Cost Course Material Cour	se (ZCCM)? YES ONO				
STAFFING & OTHER RESOURCES					
List All Staffing and Required Resources:					
GRADUATION WRITING ASSESSMENT REQUIREMENT (GWAR)					
Is This a GWAR University Writing Requirement Course?   (If YES, Submit GE Course Form to GECCO for Review and Approval)					
Is This an Undergraduate Level Writing Course?	○ YES ○ NO				
Is This a Graduate Level Writing Course?	○ YES ○ NO				

# **GENERAL EDUCATION (GE) COURSE CONSIDERATION** O YES ON O Is This a GE Course? (If YES, Submit GE Course Form to GECCO for Review and Approval) Select All Applicable GE Categories: □ A1 □ A2 □ A3 □ B1 □ B2 □ B3 □ B4 □ AI GOVT □ AI HIST □ C1 □ C2 ☐ FYS □ D/SEM □ F □ SELF □ JYDR □ THM Q □ THM R □ THM S □ UDB □ UDC □ UDD □ CAPSTONE RATIONALE FOR COURSE PROPOSAL (required): **List Rational for Course Proposal:** IMPACT OF COURSE PROPOSAL ON OTHER COURSE OFFERINGS (required): What is the impact of this course proposal on course offerings from other department(s) or programs? Please include supporting emails with this proposal. IMPACT OF COURSE PROPOSAL ON DEGREE(S) (required): O YES ON O Is This Course a Degree Requirement/Elective?

#### **NEXT STEPS:**

- Attach syllabus to this proposal
- Attach current/degree proposal form to this proposal (if applicable)
- Submit to department/program curriculum committee for review & approval

If yes, submit a current/degree proposal form together with this course proposal form.

Indicate below which major, minor and other areas this course will be added:

- Department submits to school curriculum committee for review & approval
- School/program curriculum committee submits related forms to GECCo (if applicable)
- If no additional approvals required are required, school/program curriculum committee submits to Academic
  Operations after all final approvals have been recorded. See Annual Catalog & Curriculum Deadlines Dates

## **SCHOOL/PROGRAM COMMITTEE & OTHER APPROVALS:**

Department Chair/Program Director:	Date:
School/Program Curriculum Committee Chair:	Date:
Dean of School:	Date:
Director of GE:	Date:
Director of Academic Operations:	Date:

### **ACADEMIC OPERATIONS USE ONLY:**

Effective Term:	Catalog Year:			
Comments:				
Course ID:	Enrollment Requirement Group:			
Updated Academic Requirements Page:				
Updated Academic Road Maps:				
Updated Program Plan Mapper:				
Articulation Office Notified:				