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| --- | --- | --- | --- |
| COURSE CHANGE APPLICATION | For Office Use Only: |  | C |
|  | Prefix (new if changing,6 characters max.)  |  | Number(new if changing) |
| **University of Washington** |   |  |   |
| Curriculum Review Committee | Offered jointly with: |  |  |
|  |   |  |   |
| College or School Department Date  |
| Course Title (list existing title or new title if changing) Credits (list existing credits or new credits if changing)   |

1. PURPOSE OF REQUEST (Check all that apply)

 🞏 Permanent change, to be effective Quarter 20 .

 🞏 Temporary change, to be effective Quarter 20 through Quarter 20 .

|  |  |  |
| --- | --- | --- |
|  | OLD (CURRENT) DATA | NEW DATA |
|  🞏 Change prefix and/or number |   |   |
|  🞏 Change course title \* |   |   |
|  🞏 Change abbreviated title (19 spaces max.) \*(Must be changed if changing course title, type in CAPS) |   |   |
|  🞏 Change credits |   |   |
|  🞏 Change prerequisites 🞏 Enforce prerequisite cancellation |   |   |

 🞏 Change course description 🞏 Change Areas of Knowledge (only if changing course content)

 🞏 Add Equivalent/Overlapping status (Complete section 8) 🞏 Change contact hours

 🞏 Add joint status (Complete section 8) 🞏 Drop joint status (Complete section 8)

 🞏 Add DL status (Complete section 7) 🞏 Drop DL status

 🞏 Add permanent CR/NC only 🞏 Drop permanent CR/NC only

 🞏 Add course to approved major/minor elective lists:

 🞏 Drop course

|  |
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| *Attach a course syllabus/outline and reading list if requesting an increase in course level or credits or a substantial change in content.* |

2. JUSTIFICATION and CONTACT INFORMATION

 Explain why this change is being proposed, including its relationship to your overall curriculum and what comes before and after the course. Please list contact information for individual(s) submitting this application. (Attach additional sheet if necessary.) Is this course part of a broader curricular initiative? If so, please explain.

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| --- | --- | --- | --- |
| **Contact Name:**  | **Phone:**  | **Email:**  | **Box #:**  |

3. CATALOG DATA/COURSE DESCRIPTION (Complete only if changed. **Must** be double spaced.)

Check all applicable Areas of Knowledge categories 🞏 **VLPA** 🞏 **I&S** 🞏 **NW** 🞏 **QSR** 🞏 **C** 🞏 **DIV**

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|  (50-word limit)Optional Catalog information (include only if you want this information listed in the *General Catalog* description): Names and ranks of probable instructors (Include curriculum vitae for any instructor not now on the University faculty)  Quarter(s) offered (A, W, Sp, S)  |

REV.8/16 **COMPLETE OTHER SIDE OF THIS FORM**

4. CREDITS AND HOURS

 a. Instructional and Additional hours: *1 credit represents a total time commitment of 3 hours per week of student effort.*

|  |  |
| --- | --- |
| Instructional hours per week (complete 7a instead of 4a if course offered only as a DL course). Lecture               Laboratory               Quiz section               Studio                Seminar               \*Other \_\_\_\_\_\_\_\_\_\_ \**Attach explanation and justification for “other” instructional hours.* TOTAL WEEKLY INSTRUCTIONAL HOURS: |  |
|  How many hours in addition to the instructional hours will a student  be expected to spend each week in preparation for this course? TOTAL WEEKLY ADDITIONAL HOURS: |  |
|  TOTAL WEEKLY INSTRUCTIONAL AND ADDITIONAL HOURS: |  |

 b. If variable credit, how will the number of credits awarded be related to the amount of student effort required?

 c. How will students be evaluated for credit or grades? Provide specific information on assignments, projects, exams, etc. and relative % for each area.

5. STUDENTS

 a. Anticipated enrollment per quarter .

 b. Types of students expected: 🞏 Undergraduate Majors/Minors 🞏 Graduate Students 🞏 Non-Matriculated Students

 🞏 Undergraduate non-majors 🞏 Professional Students

6. LEARNING OBJECTIVES

 By the end of the course, students will demonstrate the ability to:

7. DISTANCE LEARNING:

 **Seattle Campus**: a course or sections of a course in which students can participate fully without being physically present on campus must be designated as a “DL” course or section. Attach a syllabus for the DL course as well as the in-classroom syllabus, if both are planned.

 See FCAS website for specific “DL” designation criteria: <https://www.washington.edu/cms/faculty/files/2014/05/DL-guideline.pdf>

 **Bothell/Tacoma Campuses**: See Campus Curriculum Committees on guidelines for DL review/approval.

 a. Instructional and Additional hours: *1 credit represents a total time commitment of 3 hours per week of student effort.*

|  |  |  |
| --- | --- | --- |
| Instructional hours per week in-classroom Lecture               Laboratory              Quiz section               Studio               Seminar               \*Other \_\_\_\_\_\_\_\_\_\_ \**Attach explanation and justification for “other” instructional hours.* | Instructional hours per week distance learning Interactive Lecture             Live Chat            Recorded Lecture             Discussion Board            \*Other              \**Attach explanation and justification for “other” instructional hours.* TOTAL WEEKLY INSTRUCTIONAL HOURS: |  |
|  How many additional hours will a student be expected to spend each week in preparation for this course? TOTAL WEEKLY ADDITIONAL HOURS: |  |
|  TOTAL WEEKLY INSTRUCTIONAL AND ADDITIONAL HOURS: |  |

 b. what are the specific means of content delivery used in the distance learning portions of the course?

 c. will the course be offered in a □ synchronous (students work through the material at the same, pre-determined pace) or

 □ asynchronous (students work through material at their own pace) mode?

 d. If this DL course is also being offered as a separate version in the classroom, please describe how the DL and in-classroom instructor will coordinate expected learning outcomes, examinations, and grading.

e.How will examinations be administered securely? Describe safeguards for academic integrity.

 f.Describe how students will receive feedback throughout the course and how student learning will be assessed.

g**.** How will students interact with the instructor and other students? Will there be any face-to-face meetings with the instructor and other students?

8. CURRICULAR RELATIONSHIP

 Select all curricular relationships associated with this course application. It is the responsibility of the initiating unit to do a good-faith review of existing courses to identify and circulate this application for review and approval by those affected units and obtain the necessary signatures prior to submission to the University Curriculum Office. Failure to do so will delay action on this application.

 POTENTIALLY AFFECTED COLLEGES, SCHOOLS, OR DEPARTMENTS:

 Similar course content covered in one or more potentially affected units within or between UW campuses.

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| --- | --- | --- | --- | --- |
|  Name of affected unit(s) | Course prefix and number | Approved | Not Applicable | Signature of chair/director |
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 **If no relationship between course(s) is found, proceed to section 9. If courses overlap to any degree, indicate relationship below.**

 A. OVERLAPPING COURSE(S): Significant course content overlap of existing courses within or between UW campuses. Students only receive credit for one course. Does not necessarily satisfy prerequisite and program requirements for units involved.

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| --- | --- | --- | --- |
| Name of unit(s) | Overlapping course(s) prefix and number | Signature of chair/director  | Signature of dean |
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 B. JOINT COURSE(S): Same course from two or more units. All courses within a joint loop satisfy prerequisite and program requirements.

 If units from more than one school or college participate, a separate application must be filed by each unit.

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| --- | --- | --- | --- | --- |
|  Name of units(***List responsible unit first***) | Joint course prefixand number | NewCourse | ExistingCourse | Signature of chair/director |
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 C. EQUIVALENT COURSE(S): Same course across two or more UW campuses. Courses satisfy prerequisite and program requirements for all units involved. A separate application must be filed by each unit.

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| Name of unit(s) | Equivalent course(s) prefix and number | Signature of chair/director  | Signature of dean |
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 **Note: More information about course oversight can be found on the FCAS website:**

 <https://www.washington.edu/cms/faculty/files/2014/05/guideline-on-oversight-of-courses.pdf>

 9. APPROVAL

 Chair/Director of submitting department/unit

FULL NAME SIGNATURE DATE

 College Curriculum Committee

FULL NAME SIGNATURE DATE

 College Dean/Vice Chancellor

FULL NAME SIGNATURE DATE