

**WASHTENAW COMMUNITY COLLEGE
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

APP 253

SECTION I. SUBMISSION INFORMATION

1. Course:
Discipline/No: APP 253 **Title:** Code Prep State Exam **Start Term:** W03

Division Code: HAT **Department Code:** CIND **Org #:** 14725 **Don't publish:** in College Catalog
 in Time Schedule on Web Page

<p>2. Type of Approval:</p> <input checked="" type="checkbox"/> Full Approval <input type="checkbox"/> Conditional Approval <hr/> <input type="checkbox"/> This proposal previously received conditional approval for the term: _____	<p>3. Reason for Submission: This Course is being submitted for: (check all that apply)</p> <input type="checkbox"/> New Course Approval <input checked="" type="checkbox"/> Five-year Syllabus Review <input type="checkbox"/> No changes to course <input checked="" type="checkbox"/> Major Change(s) <input type="checkbox"/> Minor Change(s)* <input type="checkbox"/> Reactivation of Inactive Course <input type="checkbox"/> Inactivation
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*If requesting a change to a course that has conditional approval, please submit a complete syllabus.

4. Change Information:

<p>Minor Changes</p> <input type="checkbox"/> Course Discipline/Number (was _____) <input type="checkbox"/> Course Title (was _____) <input type="checkbox"/> Course Description <input type="checkbox"/> Class Capacity (was: ____) <input type="checkbox"/> Pre or Co-requisites <input type="checkbox"/> Course Objectives (minor changes) <input type="checkbox"/> Distribution of Contact Hours (contact hours were: lect: _____ lab _____ clin _____ other _____) <input type="checkbox"/> Other _____	<p>Major Changes</p> <input checked="" type="checkbox"/> Credit hours (credits were: 04) <input type="checkbox"/> Change in Grading Method <input type="checkbox"/> Total Contact Hours (total contact hours were: _____) <input type="checkbox"/> Approval for offering an Honors Section <input type="checkbox"/> Approval for offering Distance Learning Sections <input type="checkbox"/> General Education Distribution Course: Add <input type="checkbox"/> Remove <input type="checkbox"/> <input type="checkbox"/> Pre or Co-requisites (that affect other departments)
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5. Rationale Changes are being made in response to data from Assessment: yes no
Align credit hours with local 190 third party billing and payment requirements.

SECTION II. SIGNATURES

1. Department Review

Will any new resources be required? No, none anticipated Yes
You must consult all departments that may be affected by this course. List departments contacted below and attach relevant documents.

Does the department support approval of this course? yes no

Print: Scott Klapper Faculty/Preparer Signature: Scott Klapper Date: 10-15-02

Print: Scott Klapper Department Chair Signature: Scott Klapper Date: 10-15-02

2. Division Review

Is this a curricular priority for your division? yes no (Comment _____)

What is the estimated enrollment? _____

Recommendation Yes No [Signature] 10/16/02
Dean's Signature Date

3. Curriculum Committee Review

Recommendation Yes No Renee A. Hatcher 3.20.03
Curriculum Committee Chair's Signature Date

4. Vice President for Instruction and Student Services Approval

Approval Yes No [Signature] 3/26/03
Executive Vice President's Signature Date

ACS Code _____ Entered in Banner 1/3/07 Entered in Access 3/27 Log File 3/27/03
Approved for General Education Area/Group _____ Syllabus Date 2002/1

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SECTION III. COURSE SYLLABUS

A. COURSE DETAILS

Discipline & No.: APP 253 **Title:** Code Prep State Exam

1. Description:

This course will enable student to gain the knowledge of boiler code and heating code. This course will teach the student mechanical code. This course will teach apprentices on approved installation of mechanical systems. This course includes the taking of the state licensing exam.

2. Credit Hours: <u>03</u> If Variable credit, Give Range: <u> </u> to <u> </u> credits If repeatable for credit, how many times <u> </u>	3. Contact Hours per Semester: Lecture: <u>30</u> Lab: <u>30</u> Clinical: <u> </u> Other: <u> </u> Total Contact Hours: <u>60</u>	4. Class Capacity: <u>24</u>	5. Course Options: <input type="checkbox"/> Distance learning <input type="checkbox"/> Honors <input type="checkbox"/> P/NP Grading
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6. Prerequisite(s) and/or "(Course	Min Grade	*Concurrent Enrollment	Test Name	Min. Score	**Level "")" I II	Other Prerequisites
<input type="checkbox"/> <input type="checkbox"/> APP 111		<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> APP 112		<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> APP 113		<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	

Consent Required

7. Corequisites:

8. Course Purpose: <input checked="" type="checkbox"/> Program Requirement <input type="checkbox"/> General Education <input type="checkbox"/> Program Support <input type="checkbox"/> Basic Skills/Developmental <input type="checkbox"/> Transfer <input type="checkbox"/> Industry/Professional Dev <input type="checkbox"/> Enrichment	If a program requirement, specify the program(s) <u>Local 190 apprenticeship program</u> _____ _____	Please send syllabus for Transfer evaluation to: <input type="checkbox"/> EMU <input type="checkbox"/> UM <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Accepted for transfer: <input type="checkbox"/> EMU _____ <input type="checkbox"/> UM _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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9. Terms Course will be offered:						
Terms	Session Length (e.g. 15 weeks. 1 st 7½ weeks. etc.)	Day	Eve	Even years only	Odd years only	
<input checked="" type="checkbox"/> Fall	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Winter	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Spr/Summer	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. MAJOR INSTRUCTIONAL UNITS

1. Code Prep State Exam

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C. INSTRUCTIONAL OBJECTIVES

Unit #1 Code Prep State Exam

The student will describe the following:

1. boiler code
2. heating code
3. mechanical code
4. approved installation of mechanical systems

This course includes the taking of the state licensing exam.

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D. INSTRUCTIONAL METHODS, EVALUATION CRITERIA, AND ASSESSMENT

1. Instructional Methods:

<input checked="" type="checkbox"/> Lecture/Discussion _____ <input type="checkbox"/> Clinical Instruction _____ <input checked="" type="checkbox"/> Laboratory Assignments _____ <input type="checkbox"/> Internet Assignments _____ <input type="checkbox"/> Computer Simulations _____ <input type="checkbox"/> On-Site Work Experience _____ <input type="checkbox"/> Team Assignments _____ <input type="checkbox"/> Demonstrations _____	<input type="checkbox"/> Performances _____ <input type="checkbox"/> Group Critiques _____ <input type="checkbox"/> Field Trips _____ <input type="checkbox"/> Telecourse _____ <input type="checkbox"/> ITV Course _____ <input type="checkbox"/> Self-Paced Instruction _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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2. Evaluation Criteria:

<input checked="" type="checkbox"/> Attendance _____ <input checked="" type="checkbox"/> Class Discussion _____ <input checked="" type="checkbox"/> Papers _____ <input type="checkbox"/> Portfolios _____ <input type="checkbox"/> Projects _____ <input type="checkbox"/> Reports _____ <input type="checkbox"/> Clinical Assignments _____ <input checked="" type="checkbox"/> Home Work _____	<input checked="" type="checkbox"/> Quizzes _____ <input checked="" type="checkbox"/> Tests _____ <input type="checkbox"/> Midterm _____ <input checked="" type="checkbox"/> Final Exam _____ <input type="checkbox"/> Presentations _____ <input type="checkbox"/> Individual Performance _____ <input type="checkbox"/> Group/Team Performance _____ <input type="checkbox"/> Other _____
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3. Assessment of Student Achievement:

<input type="checkbox"/> Departmental Exam _____ <input type="checkbox"/> Follow-on Tracking _____ <input type="checkbox"/> Standardized Test _____ <input type="checkbox"/> Portfolio Assessment _____	<input type="checkbox"/> Pre-test/Post-test _____ <input type="checkbox"/> Simulations _____ <input type="checkbox"/> Comprehensive Project _____ <input type="checkbox"/> Other _____
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F. EQUIPMENT, FACILITIES, TEXTS, MATERIALS, AND SUPPLIES

1. Special Equipment/Facilities :

<input checked="" type="checkbox"/> Lab equipment _____ <input checked="" type="checkbox"/> Computer Lab _____ <input checked="" type="checkbox"/> CD ROM's _____ <input checked="" type="checkbox"/> Data Projector/Screen _____ <input checked="" type="checkbox"/> VCR _____ <input checked="" type="checkbox"/> TV Monitor _____	<input type="checkbox"/> ITV Classroom _____ <input type="checkbox"/> Off-Campus Sites _____ <input type="checkbox"/> Testing Center _____ <input checked="" type="checkbox"/> Other Supplied by Local 190 _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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2. Texts:

Title: UA materials supplied by Local 190

Author: United Association

Publisher: _____

Copyright Yr: _____

Est. Cost: _____

Title: _____

Author: _____

Publisher: _____

Copyright Yr: _____

Est. Cost: _____

Title: _____

Author: _____

Publisher: _____

Copyright Yr: _____

Est. Cost: _____

Title: _____

Author: _____

Publisher: _____

Copyright Yr: _____

Est. Cost: _____

Additional Texts:

3. Supplies and/or Uniforms students will have to Acquire: (e.g. calculators, uniforms, tools, etc.)

Descriptions

Cost Estimates

4. Reference Materials that will be used: (e.g. journals, books, manuals, maps, LRC reserves, etc.)

Title/Name

Location

5. Computer Software that will be used:

Title/Name

Location

6. Audio/Visual Materials that will be used: (e.g. films, video tapes, slides, audio tapes, CDs, etc.)

Title/Name

Location

