

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

GDT 174

For help screens, select a field and press F1

SECTION I. SUBMISSION INFORMATION

1. **Course:** (Enter proposed discipline, number & title here.)
Discipline/No: GDT 174 **Title:** Co-Op **Start Term** Fall 2003
 Banner allows only 29 characters and spaces, for the title. Longer titles will have to be abbreviated.

Division Code: BCT Department Code: VISD Org #: 14500 Don't publish: in College Catalog
 in Time Schedule on Web Page

2. **Type of Approval:** (applies to both new courses and changes)
 Full Approval
 Conditional Approval
 This proposal previously received conditional approval for the term: _____

3. **Reason for Submission:** This Course is being submitted for: (check all that apply)
 New Course Approval (Skip 4 and go directly to 5.)
 Five-year Syllabus Review No changes to course (Submit complete syllabus)
 Major Change(s) (Submit complete syllabus)
 Minor Change(s)* (For fully approved courses, submit revised sections only.)
 Reactivation of Inactive Course
 Inactivation (Submit this page only.)
 *If requesting a change to a course that has conditional approval, please submit a complete syllabus.

4. **Change Information:** (Check all that apply. Make proposed changes in Section III, Course Syllabus.)
Minor Changes
 Course Discipline/Number (was _____)
 Course Title (was _____)
 Course Description
 Class Capacity (was: ____)
 Pre or Co-requisites
 Course Objectives (minor changes)
 Distribution of Contact Hours (contact hours were:
 lect: _____ lab _____ clin _____ other _____)
 Other _____
Major Changes (will be reviewed by Curriculum Committee.)
 Credit hours (credits were: _____)
 Change in Grading Method
 Total Contact Hours (total contact hours were: _____)
 Approval for offering an Honors Section (Attach Approval Form.)
 Approval for offering Distance Learning Sections (Attach Distance Learning Approval Form)
 General Education Distribution Course: Add Remove
 (Attach General Education Course Approval Form)
 Pre or Co-requisites (that affect other departments)

5. **Rationale:** (for new course or course change) Changes are being made in response to data from Assessment: yes no

SECTION II. SIGNATURES

1. **Department Review** (To be completed by department chair)
 Will any new resources be required? No, none anticipated Yes (If yes, attach list with projected costs)
 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 (if no, initial and return to preparer with rationale.)
 Print: Kristine Willmann Faculty/Preparer Signature: Kristine Willmann Date: 3/20/2003
 Print: Lind Babcock Department Chair Signature: Lind Babcock Date: 3/24/03

2. **Division Review** (To be completed by division dean; if recommendation is no, initial and return to department with rationale.)
 Is this a curricular priority for your division? yes no (Comment _____)
 What is the estimated enrollment? _____
 Recommendation Yes No
 Dean's/Administrator's Signature: Jeanne Wilson Date: 3/28/03

3. **Curriculum Committee Review** (Attach additional comments if necessary and forward to Executive Vice President.)
 Recommendation Yes No
 Curriculum Committee Chair's Signature _____ Date _____

4. **Vice President for Instruction and Student Services Approval** (Attach additional comments if necessary.)
 Approval Yes No
 Vice President's Signature: George M. Paldy Date: 4/10/03

ACS Code _____ Entered in Banner _____ Entered in Access _____ Exp. Date _____
 Approved for General Education Area/Group _____ Syllabus Date 200301

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minimum of three learning objectives and criteria for evaluation specific to the student's work experience.

3. Using the Employment Services' Student Self-Assessment Report on Work Experience form, the student will write a final report on the Co-Op experience containing the following items:
 - A description of assignments and projects
 - A summary of the skill and abilities used on the job
 - An assessment of how well the objectives established at the beginning of the assignment were achieved
 - * Other reactions to and/or impressions of the experience.

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C. INSTRUCTIONAL OBJECTIVES

DIRECTIONS: Use student outcomes-based language. (Example: Upon visiting a gravel pit students will observe, analyze and describe in one page the weathering processes.) Units should match those listed in Section B.

(This section is unprotected. You may cut and paste from other documents as needed.)

Unit #1

1. The student will have opportunity for compensated work experience with applicable credits toward graduation.
2. The student will have opportunity to improve communication and interpersonal skills and integrate course work and skills developed in the classroom to co-op responsibilities, assignments and projects.
3. The student will understand the expectations necessary to succeed in the workplace.

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D. INSTRUCTIONAL METHODS, EVALUATION CRITERIA, AND ASSESSMENT

1. Instructional Methods: (Check the appropriate boxes and describe as needed.)

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

2. Evaluation Criteria:

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

3. Assessment of Student Achievement: (Indicate methods that will be used for NCA mandated assessment of student academic achievement at the course and (if applicable) general education levels)

<input type="checkbox"/> Departmental Exam _____	<input type="checkbox"/> Pre-test/Post-test _____
<input checked="" type="checkbox"/> Follow-on Tracking _____	<input type="checkbox"/> Simulations _____
<input type="checkbox"/> Standardized Test _____	<input checked="" type="checkbox"/> Comprehensive Project _____
<input type="checkbox"/> Portfolio Assessment _____	<input type="checkbox"/> Other _____

F. EQUIPMENT, FACILITIES, TEXTS, MATERIALS, AND SUPPLIES

1. Special Equipment/Facilities : (Check the appropriate boxes and describe as needed.)

<input type="checkbox"/> Lab equipment _____	<input type="checkbox"/> ITV Classroom _____
<input type="checkbox"/> Computer Lab _____	<input type="checkbox"/> Off-Campus Sites _____
<input type="checkbox"/> CD ROM's _____	<input type="checkbox"/> Testing Center _____
<input type="checkbox"/> Data Projector/Screen _____	<input checked="" type="checkbox"/> Other <u>Faculty site visits</u> _____
<input type="checkbox"/> VCR _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> TV Monitor _____	<input type="checkbox"/> Other _____

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2. Texts: (Please indicate if no text is required.)

Title: none
Author: _____
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
_____	_____
_____	_____
_____	_____