Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COEPD   Dept/Division: ACE   Current Alpha Designator/Number: ATE 508

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Teaching Methods in Career and Technical Education

Alpha Designator/Number: | A | T | E | | 5 | 0 | 8 | | |

Title Abbreviation: | T | e | a | c | h | i | n | g | | M | e | t | h | o | d | s | | i | n | | C | a | r | e | e |

1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

Request for Graduate Course Change - Page 2

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 508

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES   ☒ NO

From | | (limited to 30 characters and spaces)

To | |

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: | A | T | E | | To | A | C | E | | ☒ YES   ☐ NO

If Yes, Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: | | | | | To: | | | | |

If Yes, Rationale

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From

To

If Yes
Rationale

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 508 Teaching Methods in Career and Technical Education

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE
Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE
Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE
Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 508 Teaching Methods in Career and Technical Education
New Course Number: ACE 508 Teaching Methods in Career and Technical Education
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: Correlating lab instruction with classroom instruction; individual and group instruction sheets and materials; the four teaching steps in career and technical education; physical factors relating to classroom and lab.
Credit hours: 3

Request for Graduate Course Change

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2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COEPD   Dept/Division:ACE   Current Alpha Designator/Number: ATE 511

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Introduction to Career and Technical Education

Alpha Designator/Number: | A | T | E | | 5 | 1 | 1 | | |

Title Abbreviation: | I | n | t | r | o | d | u | c | t | i | o | n | | t | o | | C | a | r | e | e | r | | a | n |

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1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving:
course title, alpha designator, course number, course content, credit hours, or catalog description.
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3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

Request for Graduate Course Change - Page 2

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 511

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES ☒ NO

From [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |] (limited to 30 characters and spaces)

To [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |]

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: [A|T|E|] To [A|C|E|]   ☒ YES   ☐ NO

If Yes, Rationale   Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: [| | |]   To: [| | |]

If Yes, Rationale

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From

To

If Yes Rationale

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 511 Introduction to Career and Technical Education

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

<u>COURSE DESCRIPTION CHANGE</u>
<u>Department:</u>
<u>Course Number and Title:</u>
<u>Rationale:</u>
<u>Course Description (old)</u>
<u>Course Description: (new)</u>
<u>Catalog Description:</u>

<u>COURSE NUMBER CHANGE</u>
<u>Department:</u>
<u>Current Course Number/Title:</u>
<u>New Course Number:</u>
<u>Rationale:</u>
<u>Catalog Description:</u>
<u>Credit hours:</u>

<u>COURSE TITLE CHANGE</u>
<u>Department:</u>
<u>Current Course Number/Title:</u>
<u>New Course Title:</u>
<u>Rationale:</u>
<u>Catalog Description:</u>

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 511 Introduction to Career and Technical Education
New Course Number: ACE 511 Introduction to Career and Technical Education
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: Designed as a follow-up to Teaching Methods in Career and Technical Education and intended to provide the new teacher guidance and supervision in developing teacher competence.
Credit hours: 3

Request for Graduate Course Change

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2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COEPD   Dept/Division:ACE   Current Alpha Designator/Number: ATE 524

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Safety in Career and Technical Education

Alpha Designator/Number: | A | T | E | | 5 | 2 | 4 | | |

Title Abbreviation: | S | a | f | e | t | y | | i | n | | C | a | r | e | e | r | | a | n | d | | T | e | c | h |

1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 524

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES   ☒ NO

From [   ] (limited to 30 characters and spaces)

To [   ]

If Yes, Rationale [   ]

Change in COURSE ALPHA DESIGNATOR:

From: [A|T|E|]   To [A|C|E|]   ☒ YES   ☐ NO

If Yes, Rationale   Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: [   ]   To: [   ]

If Yes, Rationale [   ]

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale [   ]

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From [   ]

To [   ]

If Yes Rationale [   ]

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 524 Safety in Career and Technical Education

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

> NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

> NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

> NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE	COURSE NUMBER CHANGE	COURSE TITLE CHANGE
Department:	Department:	Department:
Course Number and Title:	Current Course Number/Title:	Current Course Number/Title:
Rationale:	New Course Number:	New Course Title:
Course Description (old)	Rationale:	Rationale:
Course Description: (new)	Catalog Description:	Catalog Description:
Catalog Description:	Credit hours:	

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 524 Safety in Career and Technical Education
New Course Number: ACE 524 Safety in Career and Technical Education
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: Responsibilities of the teacher in providing a safe learning/working environment; effective approaches to accident prevention; laws and regulatory agencies regarding safety management in the classroom and laboratory.
Credit hours: 3

Request for Graduate Course Change

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College: COEPD   Dept/Division: ACE   Current Alpha Designator/Number: ATE 600

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Aspects of Training and Development

Alpha Designator/Number:

A	T	E		6	0	0		

Title Abbreviation:

A	s	p	e	c	t	s		o	f		T	r	a	i	n	i	n	g		a	n	d		D

1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
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4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
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Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

Request for Graduate Course Change - Page 2

College: COEPD Department/Division: ACE Alpha Designator/Number: ATE 600

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES ☒ NO

From |□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□| (limited to 30 characters and spaces)

To |□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|□|

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: | A | T | E | To | A | C | E | ☒ YES   ☐ NO

If Yes, Rationale Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: |□|□|□|□| To: |□|□|□|□|

If Yes, Rationale

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From

To

If Yes Rationale

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 600 Aspects of Training and Development

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE
Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE
Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE
Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 600 Aspects of Training and Development
New Course Number: ACE 600 Aspects of Training and Development
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: Overview of the training and development profession and theories that support the profession; emphasis on the variety of solutions used by HRD professionals to help improve individual and organizational performance.
Credit hours: 3

Request for Graduate Course Change

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College: COEPD   Dept/Division: ACE   Current Alpha Designator/Number: ATE 603

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Introduction to Adult Education and Adult Learners

Alpha Designator/Number: | A | T | E | | 6 | 0 | 3 | | |

Title Abbreviation: | I | n | t | r | o | d | u | c | t | i | o | n | | t | o | | A | d | u | l | t | | E | d | u |

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1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
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3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

Request for Graduate Course Change - Page 2

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 603

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES   ☒ NO

From | | | | | | | | | | | | | | | | | | | | | | | | | | | | (limited to 30 characters and spaces)

To | | | | | | | | | | | | | | | | | | | | | | | | | | | |

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: A T E   To A C E   ☒ YES   ☐ NO

If Yes, Rationale   Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: | | | | To: | | | |

If Yes, Rationale

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From

To

If Yes Rationale

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 603 Introduction to Adult Education and Adult Learners

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE	COURSE NUMBER CHANGE	COURSE TITLE CHANGE
Department:	Department:	Department:
Course Number and Title:	Current Course Number/Title:	Current Course Number/Title:
Rationale:	New Course Number:	New Course Title:
Course Description (old)	Rationale:	Rationale:
Course Description: (new)	Catalog Description:	Catalog Description:
Catalog Description:	Credit hours:	

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 603 Introduction to Adult Education and Adult Learners
New Course Number: ACE 603 Introduction to Adult Education and Adult Learners
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: Designed to acquaint the student with the field of adult and continuing education, its foundations and development in this country and future trends.
Credit hours: 3

Request for Graduate Course Change

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2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
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College: COEPD   Dept/Division: ACE   Current Alpha Designator/Number: ATE 618

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Literature of Adult and Continuing Education

Alpha Designator/Number: | A | T | E | | 6 | 1 | 8 | | |

Title Abbreviation: | L | i | t | e | r | a | t | u | r | e | | o | f | | A | d | u | l | t | | a | n | d | | C |

1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
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3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
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Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 618

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES   ☒ NO

From | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (limited to 30 characters and spaces)

To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: A T E   To A C E   ☒ YES   ☐ NO

If Yes, Rationale   Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: | | | | To: | | | |

If Yes, Rationale

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From

To

If Yes Rationale

Change in COURSE CREDIT HOURS: ☐ YES   ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES   ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 618 Literature of Adult and Continuing Education

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE
Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE
Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE
Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 618 Literature of Adult and Continuing Education
New Course Number: ACE 618 Literature of Adult and Continuing Education
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: A program of readings and reports on specific areas in adult education or particular problems within an area of adult and continuing education. Readings to be selected cooperatively with advisor.
Credit hours: 3

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COEPD   Dept/Division:ACE   Current Alpha Designator/Number: ATE 628

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Adult Instruction: Environmental and Personal Aspects

Alpha Designator/Number: | A | T | E | | 6 | 2 | 8 | | |

Title Abbreviation: | A | d | u | l | t | | I | n | s | t | r | u | c | t | i | o | n | : | | E | n | v | i | r | o |

1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

Request for Graduate Course Change - Page 2

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 628

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES   ☒ NO

From [ ]   (limited to 30 characters and spaces)

To [ ]

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: [A][T][E][ ]   To [A][C][E][ ]   ☒ YES   ☐ NO

If Yes, Rationale   Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: [ ][ ][ ][ ]   To: [ ][ ][ ][ ]

If Yes, Rationale

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From

To

If Yes Rationale

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 628 Adult Instruction: Environmental and Personal Aspects

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

> NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

> NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

> NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE
Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE
Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE
Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 628 Adult Instruction: Environmental and Personal Aspects
New Course Number: ACE 628 Adult Instruction: Environmental and Personal Aspects
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: The course examines both environmental and personal factors which may impact on the adult learning process and is designed to foster awareness, which will be translated into appropriate intervention strategies.
Credit hours: 3

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COEPD   Dept/Division: ACE   Current Alpha Designator/Number: ATE 631

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Survey Practicum Computer Applications in Business and Industry

Alpha Designator/Number: | A | T | E | | 6 | 3 | 1 | | | |

Title Abbreviation: | S | u | r | v | e | y | | P | r | a | c | t | i | c | u | m | | C | o | m | p | u | t | e | r |

1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

Request for Graduate Course Change - Page 2

College: COEPD Department/Division: ACE Alpha Designator/Number: ATE 631

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES ☒ NO

From | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (limited to 30 characters and spaces)

To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: A T E To: A C E ☒ YES ☐ NO

If Yes, Rationale Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES ☒ NO

From: | | | | To: | | | |

If Yes, Rationale

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: ☐ YES ☒ NO IF YES, fill in below:

From

To

If Yes Rationale

Change in COURSE CREDIT HOURS: ☐ YES   ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES   ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 631 Survey Practicum Computer Applications in Business and Industry

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE
Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE
Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE
Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 631 Survey Practicum Computer Applications in Business and Industry
New Course Number: ACE 631 Survey Practicum Computer Applications in Business and Industry
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: An introductory course for persons who want to become familiar with the application of computers in the business/industrial fields represented by adult and technical education.
Credit hours: 3

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COEPD   Dept/Division:ACE   Current Alpha Designator/Number: ATE 637

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Individual Computer Program Applications

Alpha Designator/Number: | A | T | E | | 6 | 3 | 7 | | |

Title Abbreviation: | I | n | d | i | v | i | d | u | a | l | | C | o | m | p | u | t | e | r | | P | r | o | g | r |

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1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

Request for Graduate Course Change - Page 2

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 637

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES   ☒ NO

From |░░░░░░░░░░░░░░░░░░░░░░░░░░░░░░| (limited to 30 characters and spaces)

To |░░░░░░░░░░░░░░░░░░░░░░░░░░░░░░|

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: A T E   To A C E   ☒ YES   ☐ NO

If Yes, Rationale   Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: |░░░░| To: |░░░░|

If Yes, Rationale

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From

To

If Yes Rationale

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 637 Individual Computer Program Applications

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE
Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE
Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE
Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 637 Individual Computer Program Applications
New Course Number: ACE 637 Individual Computer Program Applications
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: Individually designed learning activities that involve the application of previously learned theories, processes, operations, techniques or systems. The applications are studied, analyzed, and evaluated.
Credit hours: 3

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COEPD   Dept/Division:ACE   Current Alpha Designator/Number: ATE 650

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Career Education Curriculum Development

Alpha Designator/Number: | A | T | E | | 6 | 5 | 0 | | |

Title Abbreviation: | C | a | r | e | e | r | | E | d | u | c | a | t | i | o | n | | C | u | r | r | i | c | u | l |

1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

Request for Graduate Course Change - Page 2

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 650

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES   ☒ NO

From ▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭ (limited to 30 characters and spaces)

To ▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭▭

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: | A | T | E | To | A | C | E | ☒ YES   ☐ NO

If Yes, Rationale | Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: ▭▭▭▭   To: ▭▭▭▭

If Yes, Rationale

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From

To

If Yes Rationale

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 650 Career Education Curriculum Development

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE	COURSE NUMBER CHANGE	COURSE TITLE CHANGE
Department:	Department:	Department:
Course Number and Title:	Current Course Number/Title:	Current Course Number/Title:
Rationale:	New Course Number:	New Course Title:
Course Description (old)	Rationale:	Rationale:
Course Description: (new)	Catalog Description:	Catalog Description:
Catalog Description:	Credit hours:	

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 650 Career Education Curriculum Development
New Course Number: ACE 650 Career Education Curriculum Development
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: Instructional unit is developed to assist children and youth achieve academic, general, or technical education and also career education goals; includes goals, objectives, procedures, student activities, resources, and evaluation.
Credit hours: 3

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COEPD   Dept/Division:ACE   Current Alpha Designator/Number: ATE 656

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Instructional Planning for Adult Populations

Alpha Designator/Number: | A | T | E | | 6 | 5 | 6 | | | |

Title Abbreviation: | I | n | s | t | r | u | c | t | i | o | n | a | l | | P | l | a | n | n | i | n | g | | f | o |

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1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

Request for Graduate Course Change - Page 2

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 656

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES   ☒ NO

From |☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐| (limited to 30 characters and spaces)

To |☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|☐|

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: |A|T|E| | To |A|C|E| | ☒ YES   ☐ NO

If Yes, Rationale   Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: |☐|☐|☐|☐| To: |☐|☐|☐|☐|

If Yes, Rationale

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From

To

If Yes
Rationale

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 656 Instructional Planning for Adult Populations

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE
Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE
Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE
Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 656 Instructional Planning for Adult Populations
New Course Number: ACE 656 Instructional Planning for Adult Populations
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: An examination and application of the process involved in the development, operation, and evaluation of adult programs in the community, business, and industry.
Credit hours: 3

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COEPD   Dept/Division: ACE   Current Alpha Designator/Number: ATE 671

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Evaluation of Adult and Technical Education

Alpha Designator/Number: | A | T | E | | 6 | 7 | 1 | | |

Title Abbreviation: | E | v | a | l | u | a | t | i | o | n | | o | f | | A | d | u | l | t | | a | n | d | | T |

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1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

Request for Graduate Course Change - Page 2

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 671

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES   ☒ NO

From [   ] (limited to 30 characters and spaces)

To [   ]

If Yes, Rationale [   ]

Change in COURSE ALPHA DESIGNATOR:

From: [A][T][E][ ] To [A][C][E][ ]   ☒ YES   ☐ NO

If Yes, Rationale [Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).]

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: [   ]   To: [   ]

If Yes, Rationale [   ]

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale [   ]

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From [   ]

To [   ]

If Yes Rationale [   ]

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 671 Evaluation of Adult and Technical Education

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE
Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE
Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE
Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 671 Evaluation of Adult and Technical Education
New Course Number: ACE 671 Evaluation of Adult and Technical Education
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: An examination of the design and evaluation processes used in adult learning areas with emphasis on the T&D and technical fields as well as the general field.
Credit hours: 3

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COEPD   Dept/Division: ACE   Current Alpha Designator/Number: ATE 673

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Assessment in Adult/Technical Education

Alpha Designator/Number: | A | T | E | | 6 | 7 | 3 | | |

Title Abbreviation: | A | s | s | e | s | s | m | e | n | t | | i | n | | A | d | u | l | t | / | T | e | c | h | n |

1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 673

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES ☒ NO

From | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (limited to 30 characters and spaces)

To | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: A T E   To A C E   ☒ YES   ☐ NO

If Yes, Rationale Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: | | | | To: | | | |

If Yes, Rationale

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From

To

If Yes Rationale

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 673 Assessment in Adult/Technical Education

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

<u>COURSE</u> <u>DESCRIPTION</u> <u>CHANGE</u>
<u>Department</u>:
<u>Course</u> <u>Number</u> <u>and</u> <u>Title</u>:
<u>Rationale</u>:
<u>Course</u> <u>Description</u> <u>(old)</u>
<u>Course</u> <u>Description</u>: <u>(new)</u>
<u>Catalog</u> <u>Description</u>:

<u>COURSE</u> <u>NUMBER</u> <u>CHANGE</u>
<u>Department</u>:
<u>Current</u> <u>Course</u> <u>Number/Title</u>:
<u>New</u> <u>Course</u> <u>Number</u>:
<u>Rationale</u>:
<u>Catalog</u> <u>Description</u>:
<u>Credit</u> <u>hours</u>:

<u>COURSE</u> <u>TITLE</u> <u>CHANGE</u>
<u>Department</u>:
<u>Current</u> <u>Course</u> <u>Number/Title</u>:
<u>New</u> <u>Course</u> <u>Title</u>:
<u>Rationale</u>:
<u>Catalog</u> <u>Description</u>:

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 673 Assessment in Adult/Technical Education
New Course Number: ACE 673 Assessment in Adult/Technical Education
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: Evaluation procedures in adult/technical education including principles of test construction; survey of standarized and published tests; utilization in the classroom or training department; review of statistical methods.
Credit hours: 3

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COEPD   Dept/Division:ACE   Current Alpha Designator/Number: ATE 677

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Research Methodology and Design in Adult/Technical Education

Alpha Designator/Number: | A | T | E | | 6 | 7 | 7 | | |

Title Abbreviation: | R | e | s | e | a | r | c | h | | M | e | t | h | o | d | o | l | o | g | y | | a | n | d | |

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1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 677

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES   ☒ NO

From [ ] (limited to 30 characters and spaces)

To   [ ]

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: [A][T][E][ ] To [A][C][E][ ]   ☒ YES   ☐ NO

If Yes, Rationale   Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: [ ][ ][ ][ ]   To: [ ][ ][ ][ ]

If Yes, Rationale

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From

To

If Yes Rationale

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 677 Research Methodology and Design in Adult/Technical Education

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE
Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE
Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE
Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 677 Research Methodology and Design in Adult/Technical Education
New Course Number: ACE 677 Research Methodology and Design in Adult/Technical Education
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: Study of methodology, application, analysis and synthesis of research; a review of current studies with attention to statistical techniques, data collecting, data handling, and the impact of particular research.
Credit hours: 3

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COEPD   Dept/Division: ACE   Current Alpha Designator/Number: ATE 685

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Adult and Technical Education Capstone

Alpha Designator/Number: | A | T | E | | 6 | 8 | 5 | | |

Title Abbreviation: | A | d | u | l | t | | a | n | d | | T | e | c | h | n | i | c | a | l | | E | d | u | c | a |

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1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form)*.
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 685

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES ☒ NO

From ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ (limited to 30 characters and spaces)

To ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

If Yes, Rationale _____

Change in COURSE ALPHA DESIGNATOR:

From: A T E   To A C E   ☒ YES   ☐ NO

If Yes, Rationale   Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES ☒ NO

From: ⬚⬚⬚⬚   To: ⬚⬚⬚⬚

If Yes, Rationale _____

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale _____

Change in CATALOG DESCRIPTION: ☐ YES ☒ NO   IF YES, fill in below:

From _____

To _____

If Yes Rationale _____

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 685 Adult and Technical Education Capstone

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE	COURSE NUMBER CHANGE	COURSE TITLE CHANGE
Department:	Department:	Department:
Course Number and Title:	Current Course Number/Title:	Current Course Number/Title:
Rationale:	New Course Number:	New Course Title:
Course Description (old)	Rationale:	Rationale:
Course Description: (new)	Catalog Description:	Catalog Description:
Catalog Description:	Credit hours:	

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 685 Adult and Technical Education Capstone
New Course Number: ACE 685 Adult and Technical Education Capstone
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: This course provides training and assessment experiences for students seeking Master of Science degrees in Adult and Technical Education. The student's degree portfolio and capstone assessment will be completed within this course.
Credit hours: 3

Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COEPD   Dept/Division: ACE   Current Alpha Designator/Number: ATE 689

Contact Person: Dr. Feon Smith and Dr. Jessica Hanna   Phone: Feon 696-2381; Jessi 746-8935

CURRENT COURSE DATA:

Course Title: Grant Proposal Writing

Alpha Designator/Number: | A | T | E | | 6 | 8 | 9 | | | |

Title Abbreviation: | G | r | a | n | t | | P | r | o | p | o | s | a | l | | W | r | i | t | i | n | g | | | |

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1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____   Date _____

Registrar _____   Date _____

College Curriculum Chair _____   Date _____

Graduate Council Chair _____   Date _____

Request for Graduate Course Change - Page 2

College: COEPD   Department/Division: ACE   Alpha Designator/Number: ATE 689

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: ☐ YES   ☒ NO

From [   ] (limited to 30 characters and spaces)

To [   ]

If Yes, Rationale [   ]

Change in COURSE ALPHA DESIGNATOR:

From: A T E   To A C E   ☒ YES   ☐ NO

If Yes, Rationale Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).

Change in COURSE NUMBER: ☐ YES   ☒ NO

From: [   ]   To: [   ]

If Yes, Rationale [   ]

Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale [   ]

Change in CATALOG DESCRIPTION: ☐ YES   ☒ NO   IF YES, fill in below:

From [   ]

To [   ]

If Yes Rationale [   ]

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO   If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

College: COEPD

Department: Adult and Continuing Education (ACE)

Course Number/Title ATE 689 Grant Proposal Writing

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

NOT APPLICABLE

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE DESCRIPTION CHANGE
Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE
Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE
Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

COURSE CHANGE (ALPHA DESIGNATOR)
Department: ACE
Current Course Number/Title: ATE 689 Grant Proposal Writing
New Course Number: ACE 677 Grant Proposal Writing
Rationale: Changes to the course alpha designator are required to correspond with the new program name, now known as Adult and Continuing Education (ACE), formerly Adult and Technical Education (ATE).
Catalog Description: This course involves the development of a grant proposal and includes the steps required to produce a final document.
Credit hours: 3