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 661

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

CURRENT COURSE DATA:

Course Title: Practicum in Adult and Continuing Education

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

Title Abbreviation: | P | R | A | C | T | I | C | U | M | | | | | | | | | | | | | | |

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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 661

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

Change in CATALOG TITLE: [X] YES   [ ] NO

From | P | r | a | c | t | i | c | u | m | | | | | | | | | | | | | | | | | | | | | (limited to 30 characters and spaces)

To | P | r | a | c | t | i | c | u | m | | A | C | E | | | | | | | | | | | | | | | | |

If Yes, Rationale | Changes to the catalog title 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 ALPHA DESIGNATOR:

From: | A | T | E | | To | A | C | E | | [X] 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   [X] NO

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

If Yes, Rationale |

Change in COURSE GRADING

From [ ] Grade To [ ] Credit/No Credit

Rationale |

Change in CATALOG DESCRIPTION: [ ] YES   [X] 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 661

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 661 Practicum
New Course Number/Title: ACE 661 Practicum in Adult & Continuing Education

Rationale: Changes to the catalog title and 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 to provide field experience under the supervision of the faculty, such experience to be related to the student's project role in adult and continuing education.

Credit hours: 3