For help screens, select a field and press F1

SECTION I. SUBMISSION INFORMATION

1. Course: (Enter proposed discipline, number & title here.)
 Discipline/No: APP 102   **Title:** Apprenticeship Year II _____ **Start Term** 200301
  Banner allows only 29 characters and spaces, for the title. Longer titles will have to be abbreviated.

Division Code: HAT   Department Code: CIND   Org #: 28200   Don't publish: ☒ in College Catalog ☒ in Time Schedule ☒ on Web Page

2. Type of Approval: (applies to both new courses and changes)	3. Reason for Submission: This Course is being submitted for: (check all that apply)
☒ Full Approval ☐ Conditional Approval ------------------------------ ☐ This proposal previously received conditional approval for the term:_____	☒ 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 are being made in response to data from Assessment: yes☐ no☒
This course will never be offered in a 'traditional' format. Students will be awarded non-traditional credit after successful completion of their annual apprenticeship requirements.

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: Dan Welch _____ Signature _N. Welch_ _____ Date: 3/3/2003
               Faculty/Preparer

Print: Dan Welch _____ Signature _N. Welch_ _____ Date: 3/3/2003
               Department Chair

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? >50 and <1000 annually

 Recommendation ☒ Yes ☐ No _____
                              Dean's/Administrator's Signature _____ Date

3. Curriculum Committee Review (Attach additional comments if necessary and forward to Executive Vice President.)

 Recommendation ☒ Yes ☐ No _Ruth A. Hatcher_ _____ 3.06.03
                              Curriculum Committee Chair's Signature _____ Date

4. Vice President for Instruction and Student Services Approval (Attach additional comments if necessary.)

 Approval ☒ Yes   ☐ No _Roger M. Palay_ _____ 3/21/03
                         Vice President's Signature _____ Date

ACS Code _____   Entered in Banner _3/21_   Entered in Access _3/21_   Log File _3/21 fr_

Approved for General Education Area/Group_____   Syllabus Date_____

Document Code: https://core.wccnet.org/file.php?file=Curriculum & Articulation Services/Forms/CSAF-

2002.doc&nocache=20030303011445&WCCADMIN=5cf3ab00a0a4c641b60caf5d51f1c2cf&WCCADMIN=5cf3ab00a0a4c641b60caf5d51f1c2cf   2/26/2003

Form Revised 2/7/2002   2

SECTION III. COURSE SYLLABUS

For help screens press F1.

A. COURSE DETAILS (Start with #1.)

Discipline & No.: APP 102   **Title:** Apprenticeship Year II

Course and title will automatically appear above upon saving or previewing

1. Description: (Please be brief. Explain acronyms if used.)

Student gains knowledge and skills through classroom and on-the-job experience. Student will receive credit for the course only after all classroom (testing) and work hours have been successfully completed and student is eligible to continue onto subsequent apprenticeship year.

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2. Credit Hours: 6.0

If Variable credit, Give Range:

_____ to _____ credits

If repeatable for credit, how many times _____

3. Contact Hours per Semester:

Lecture: 216

Lab:

Clinical:

Other: _____ 1700

Total Contact Hours: 1916

4. Class Capacity:

_____

(If nonstandard, attach Class Capacity Exception form.)

5. Course Options:

☐ Distance learning (Attach DL Form)

☐ Honors (Attach Honors Addendum.)

☐ P/NP Grading

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6. Prerequisite(s) and/or "("   Course   Min Grade   *Concurrent Enrollment   Test Name   Min. Score   ")"   **Level I II   Other Prerequisites

(rows of blank checkboxes and fields)

Consent Required ☐

7. Corequisites: (limit of 2)

* Can take prerequisite before or concurrently with this course.
**Level I is enforced in Banner; Level II is enforced by instructor on 1st day of class.

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8. Course Purpose:

☒ Program Requirement
☐ General Education
☐ Program Support
☐ Basic Skills/Developmental
☐ Transfer
☐ Industry/Professional Dev
☐ Enrichment

If a program requirement, specify the program(s)

Construction Supervision

Industrial Training

Please send syllabus for Transfer evaluation to:

☐ EMU
☐ UM
☐
☐
☐
☐

Accepted for transfer: (attach documentation)

☐ EMU_____
☐ UM_____
☐
☐
☐
☐

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9. Terms Course will be offered:

Terms	Session Length (e.g. 15 weeks, 1st 7½ weeks, etc.)	Day	Eve	Even years only	Odd years only
☐ Fall	_____	☐	☐	☐	☐
☐ Winter	_____	☐	☐	☐	☐
☐ Spr/Summer	_____	☐	☐	☐	☐

B. MAJOR INSTRUCTIONAL UNITS A major instructional unit is a grouping of topics that naturally relate to one another. Add additional numbers as needed. (This section is unprotected so that you can cut and paste from other documents.

1.

2.

3.

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.

2.

D. INSTRUCTIONAL METHODS, EVALUATION CRITERIA, AND ASSESSMENT

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

☒Lecture/Discussion_____	☐Performances_____
☐Clinical Instruction_____	☐Group Critiques_____
☐Laboratory Assignments_____	☐Field Trips_____
☐Internet Assignments_____	☐Telecourse_____
☐Computer Simulations_____	☐ITV Course_____
☒On-Site Work Experience_____	☐Self-Paced Instruction_____
☐Team Assignments_____	☐Other_____
☐Demonstrations_____	☐Other_____

2. Evaluation Criteria:

☒Attendance_____	☐Quizzes_____
☐Class Discussion_____	☒Tests_____
☐Papers_____	☐Midterm_____
☐Portfolios_____	☐Final Exam_____
☐Projects_____	☐Presentations_____
☐Reports_____	☐Individual Performance_____
☐Clinical Assignments_____	☐Group/Team Performance_____
☐Home Work_____	☒Other Work Hours_____

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)

☐ Departmental Exam _____	☐ Pre-test/Post-test _____
☐ Follow-on Tracking_____	☐ Simulations_____
☐ Standardized Test_____	☐ Comprehensive Project_____
☐ Portfolio Assessment_____	☐ Other_____

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

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

☐Lab equipment_____	☐ITV Classroom_____
☐Computer Lab_____	☐Off-Campus Sites_____
☐ CD ROM's_____	☐Testing Center_____
☐Data Projector/Screen_____	☐Other _____
☐VCR_____	☐Other _____
☐TV Monitor_____	☐Other _____

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

Title:_____

Author:_____ Copyright Yr:_____

Publisher:_____ Est. Cost:_____

Title:_____

Author:_____ Copyright Yr:_____

Publisher:_____ Est. Cost:_____

Title:_____

Author:_____ Copyright Yr:_____

Publisher:_____ Est. Cost:_____

Title:_____

Author:_____ Copyright Yr:_____

Publisher:_____ 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**

_____ _____

_____ _____

_____ _____