

GRADUATE COMMITTEE

AGENDA

August 27, 2009, 9:00 A.M.

Veazey Hall, Room 2001C

I. CALL TO ORDER

II. APPROVAL OF AGENDA

III. ELECTION OF GRADUATE COMMITTEE CHAIR

Please view the Graduate Committee Members at:

<http://academics.georgiasouthern.edu/facultysenate/committees/GraduateCommittee2009-2010.pdf>

IV. APPROVAL OF 2009-2010 GRADUATE COMMITTEE MEETING SCHEDULE (see attachment)

V. NEW BUSINESS

A. College of Education

Course Revisions:

- a) FRIT 8532 - prerequisites
- b) EDLD 7530 - corequisites
- c) EDLD 7531 - prerequisites
- d) EDLD 7532 - prerequisites
- e) EDLD 7533 - prerequisites
- f) EDLD 7534 - prerequisites
- g) EDLD 7535 - prerequisites
- h) EDLD 7737 - corequisites
- i) EDLD 7738 - prerequisites and corequisites
- j) EDLD 8632 - prerequisites and corequisites
- k) EDLD 8633 - prerequisites
- l) EDLD 8634 - prerequisites and corequisites
- m) EDLD 8635 - prerequisites and corequisites
- n) EDLD 8737 - prerequisites and corequisites
- o) EDLD 8738 - prerequisites and corequisites

Revised Programs:

- a) Ed.S. in Educational Leadership
- b) Ed.S. in Teaching and Learning
- c) M.Ed. in Instructional Technology, certification (*not the GOML program*)
- d) M.Ed. in Instructional Technology, no certification (*not the GOML program*)
- e) M.Ed. in Teaching and Learning, Concentration Four: P-12 Education with an emphasis in Foreign Language (French or Spanish)
- f) Advisement for Students Interested in the MAT

B. College of Science and Technology

Department of Geology and Geography

Revised Courses:

- GEOG 5090G – Selected Topics – Physical Geography (Title)
GEOG 5890G – Special Problems in Geography (Title)

Course Deletions:

GEOG 5030G - Selected Topics – Regional Geography
GEOG 5031G – Selected Topics – Human Geography
GEOG 5620G – Research Seminar in Geography

Department of Mechanical & Electrical Engineering Technology

Revised Courses:

TEET 5531G – Programmable Logic Controllers (Prerequisites, Corequisites)

VI. A. OLD BUSINESS:

- i. Dual Listed Courses (see attachment)**
- ii. Degree Admission Based Upon Exceptional Qualifications (see attachment)**

B. SUBCOMMITTEE REPORTS & UPDATES:

- i. Vision For Graduate Education (BluePrint Ad Hoc Committee)**
- ii. Membership of Subcommittees (Academic Standards & Policies Committee, Curriculum Committee, and Program Review, Assessment & Strategic Planning Committee)**
- iii. Academic Standards & Policies Committee**
- iv. Curriculum Committee**
- v. Program Review, Assessment & Strategic Planning Committee**

VII. OTHER BUSINESS

VIII. ADJOURNMENT

Schedule of Meetings Graduate Committee (GC) 2009-2010 Academic Year

Meeting Date	Meeting Time	Meeting Location	Agenda Items Due to Registrar's Office	Agenda Items Due to GC Recording Secretary	Agenda Items on Web
August 27, 2009	9:00 a.m.	COGS Conference Room	August 6, 2009	August 13, 2009	August 20, 2009
September 10, 2009	9:00 a.m.	COGS Conference Room	August 20, 2009	August 27, 2009	September 3, 2009
October 8, 2009	9:00 a.m.	COGS Conference Room	September 17, 2009	September 24, 2009	October 1, 2009
November 12, 2009	9:00 a.m.	COGS Conference Room	October 22, 2009	October 29, 2009	November 5, 2009
 January 21, 2010	9:00 a.m.	COGS Conference Room	December 17, 2009	January 7, 2010	January 14, 2010
February 11 2010	9:00 a.m.	COGS Conference Room	January 21, 2010	January 28, 2010	February 4, 2010
March 11, 2010	9:00 a.m.	COGS Conference Room	February 18, 2010	February 25, 2010	March 4, 2010
April 8, 2010	9:00 a.m.	COGS Conference Room	March 18, 2010	March 25, 2010	April 1, 2010



**Last meeting for items to be approved to be included
in the 2010-2011 Undergraduate and Graduate Catalog.*

*Note: Items requiring Board of Regents/System Office approval may not
be included in the catalog if they are still pending Board of Regents/System Office*

Georgia Southern University
Intra-Campus Memorandum
Graduate Committee

College of Education

TO: Graduate Committee

FROM: Deborah Thomas

DATE: July 28, 2009

SUBJECT: **Course Forms** – August 27, 2009, Graduate Committee Meeting

The COE requests approval of the proposals as presented.

1. Course Revisions

- a) FRIT 8532 - prerequisites
- b) EDLD 7530 - corequisites
- c) EDLD 7531 - prerequisites
- d) EDLD 7532 - prerequisites
- e) EDLD 7533 - prerequisites
- f) EDLD 7534 - prerequisites
- g) EDLD 7535 - prerequisites
- h) EDLD 7737 - corequisites
- i) EDLD 7738 - prerequisites and corequisites
- j) EDLD 8632 - prerequisites and corequisites
- k) EDLD 8633 - prerequisites
- l) EDLD 8634 - prerequisites and corequisites
- m) EDLD 8635 - prerequisites and corequisites
- n) EDLD 8737 - prerequisites and corequisites
- o) EDLD 8738 - prerequisites and corequisites

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Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/1/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: FRIT Number: 8532
Full Course Title: Multimedia Tools and Applications

2. Course Change: Prerequisite(s) Drop-down
Drop-down Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	—	<u>Drop-Down</u>
Billing Hours:	—	<u>Drop-Down</u>
Lecture/Seminar Contact Hours:	—	<u>Drop-Down</u>
Lab Contact Hours:	—	<u>Drop-Down</u>
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	—	<u>Drop-Down</u>
Total Contact Hours:	—	<u>Drop-Down</u>
Ratio of Contact Hours to Credit Hours:	(Low) __ : __	(High) __ : __

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)				
	And	Subject: <u>ITEC</u>	Number: <u>7530</u>	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
Additional prerequisite(s): or permission of instructor					
PROPOSED	COURSE PREREQUISITE(S)				
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
Additional prerequisite(s): None					
Are prerequisites to be enforced at Registration? <u>Drop-down</u>					

CURRENT	COURSE CO-REQUISITE(S)				
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
	Additional co-requisite(s):				
PROPOSED	COURSE CO-REQUISITE(S)				
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
	Additional co-requisite(s):				
Are co-requisites to be enforced at Registration? <u>Drop-down</u>					

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	When the ITEC program was revised as the franchise program in Instructional Technology we removed ITEC 7530 as a prerequisite for our courses with the FRIT prefix. This class had not been taught regularly and we neglected to remove the pre-requisite requirement from this one.

Course Revision Approval Signature Form

Revised Course

Current Course Subject: FRIT
Current Course Number: 8532
Current Course Title: Multimedia Tools and Applications

Proposed Course Subject: same
Proposed Course Number: same
Proposed Course Title: same

Approval Signatures

Recommend
 Not Recommend _____
Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend _____
Department/School Chairperson Date

TEC Review Not Required _____ (Initials of Dept./School Chair or TEC Chair)
 Review Only (no action needed)
 Recommend
 Not Recommend _____
Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend _____
Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend _____
Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend _____
Dean of the College Date

Recommend
 Not Recommend _____
Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend _____
Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend _____
Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/1/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 7530
Full Course Title: The Democracy-Centered School Leader

2. Course Change: Corequisite(s) Drop-down
Drop-down Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is **MORE** than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.

Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

*****The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.*****

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	— <u>Drop-Down</u>	—
Billing Hours:	— <u>Drop-Down</u>	—
Lecture/Seminar Contact Hours:	— <u>Drop-Down</u>	—
Lab Contact Hours:	— <u>Drop-Down</u>	—
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	— <u>Drop-Down</u>	—
Total Contact Hours:	— <u>Drop-Down</u>	—
	(Low)	(High)
Ratio of Contact Hours to Credit Hours:	— : —	— : —

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)							
	Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	Additional prerequisite(s):							
PROPOSED	COURSE PREREQUISITE(S)							
	Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	Additional prerequisite(s):							
	Are prerequisites to be enforced at Registration? <u>Drop-down</u>							

CURRENT	COURSE CO-REQUISITE(S)			
	Subject:	<u>EDLD</u>	Number:	<u>7737</u>
	And Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	Additional co-requisite(s):			
PROPOSED	COURSE CO-REQUISITE(S)			
	Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	Additional co-requisite(s): <u>None</u>			
	Are co-requisites to be enforced at Registration? <u>Drop-down</u>			

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	The proposed change to delete the co-requisite requirement provides more flexibility to students in developing their Programs of Study.

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
 Current Course Number: 7530
 Current Course Title: The Democracy-Centered School Leader

Proposed Course Subject: same
 Proposed Course Number: same
 Proposed Course Title: same

Approval Signatures

Recommend _____
 Not Recommend Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend _____
 Not Recommend Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend _____
 Not Recommend Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend _____
 Not Recommend Director of University Honors Program Date
(If Applicable)

Recommend _____
 Not Recommend Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend _____
 Not Recommend Dean of the College Date

Recommend _____
 Not Recommend Dean of the Graduate College Date
(If Applicable)

Recommend _____
 Not Recommend Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend _____
 Not Recommend Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/1/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 7531
Full Course Title: Legal and Ethical Issues in School Leadership

2. Course Change: Prerequisite(s) Drop-down
Drop-down Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.

Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

*****The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.*****

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	— <u>Drop-Down</u>	—
Billing Hours:	— <u>Drop-Down</u>	—
Lecture/Seminar Contact Hours:	— <u>Drop-Down</u>	—
Lab Contact Hours:	— <u>Drop-Down</u>	—
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	— <u>Drop-Down</u>	—
Total Contact Hours:	— <u>Drop-Down</u>	—
	(Low)	(High)
Ratio of Contact Hours to Credit Hours:	— : —	— : —

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)							
	Subject:	<u>EDLD</u>	Number:	<u>7530</u>	Concurrent:	<u>No</u>	Minimum Grade:	<u>C</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	Additional prerequisite(s):							
PROPOSED	COURSE PREREQUISITE(S)							
	Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	Additional prerequisite(s): None							
Are prerequisites to be enforced at Registration?					<u>Drop-down</u>			

CURRENT	COURSE CO-REQUISITE(S)						
	Subject:	_____	Number:	_____			
	And Subject:	_____	Number:	_____			
	And Subject:	_____	Number:	_____			
	And Subject:	_____	Number:	_____			
	Additional co-requisite(s):						
PROPOSED	COURSE CO-REQUISITE(S)						
	Subject:	_____	Number:	_____			
	And Subject:	_____	Number:	_____			
	And Subject:	_____	Number:	_____			
	And Subject:	_____	Number:	_____			
	Additional co-requisite(s):						
Are co-requisites to be enforced at Registration?					<u>Drop-down</u>		

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	The proposed change to delete the pre-requisite requirement provides more flexibility to students in developing their Programs of Study. A student may take EDLD 7531 before EDLD 7530, making the prerequisite unnecessary.

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
 Current Course Number: 7531
 Current Course Title: Legal and Ethical Issues in School Leadership

Proposed Course Subject: same
 Proposed Course Number: same
 Proposed Course Title: same

Approval Signatures

Recommend _____
 Not Recommend Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend _____
 Not Recommend Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend _____
 Not Recommend Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend _____
 Not Recommend Director of University Honors Program Date
(If Applicable)

Recommend _____
 Not Recommend Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend _____
 Not Recommend Dean of the College Date

Recommend _____
 Not Recommend Dean of the Graduate College Date
(If Applicable)

Recommend _____
 Not Recommend Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend _____
 Not Recommend Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/1/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 7532
Full Course Title: Empowering Human Resources

2. Course Change: Prerequisite(s) Drop-down
Drop-down Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	—	<u>Drop-Down</u>
Billing Hours:	—	<u>Drop-Down</u>
Lecture/Seminar Contact Hours:	—	<u>Drop-Down</u>
Lab Contact Hours:	—	<u>Drop-Down</u>
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	—	<u>Drop-Down</u>
Total Contact Hours:	—	<u>Drop-Down</u>
Ratio of Contact Hours to Credit Hours:	(Low) __ : __	(High) __ : __

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)							
	Subject:	<u>EDLD</u>	Number:	<u>7530</u>	Concurrent:	<u>No</u>	Minimum Grade:	<u>C</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	Additional prerequisite(s):							
PROPOSED	COURSE PREREQUISITE(S)							
	Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	Additional prerequisite(s): None							
Are prerequisites to be enforced at Registration? <u>Drop-down</u>								

CURRENT	COURSE CO-REQUISITE(S)			
	Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	Additional co-requisite(s):			
PROPOSED	COURSE CO-REQUISITE(S)			
	Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	Additional co-requisite(s):			
Are co-requisites to be enforced at Registration? <u>Drop-down</u>				

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	The proposed change to delete the pre-requisite requirement provides more flexibility to students in developing their Programs of Study. A student may take EDLD 7532 before EDLD 7530, making the prerequisite unnecessary.

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
Current Course Number: 7532
Current Course Title: Empowering Human Resources

Proposed Course Subject: same
Proposed Course Number: same
Proposed Course Title: same

Approval Signatures

Recommend
 Not Recommend _____
Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend _____
Department/School Chairperson Date

TEC Review Not Required _____ (Initials of Dept./School Chair or TEC Chair)
 Review Only (no action needed)
 Recommend
 Not Recommend _____
Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend _____
Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend _____
Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend _____
Dean of the College Date

Recommend
 Not Recommend _____
Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend _____
Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend _____
Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/1/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 7533
Full Course Title: Mobilizing Communities

2. Course Change: Prerequisite(s) Drop-down
Drop-down Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

*****The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.*****

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	— <u>Drop-Down</u>	—
Billing Hours:	— <u>Drop-Down</u>	—
Lecture/Seminar Contact Hours:	— <u>Drop-Down</u>	—
Lab Contact Hours:	— <u>Drop-Down</u>	—
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	— <u>Drop-Down</u>	—
Total Contact Hours:	— <u>Drop-Down</u>	—
	(Low)	(High)
Ratio of Contact Hours to Credit Hours:	— : —	— : —

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)							
	Subject:	<u>EDLD</u>	Number:	<u>7530</u>	Concurrent:	<u>No</u>	Minimum Grade:	<u>C</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	Additional prerequisite(s):							
PROPOSED	COURSE PREREQUISITE(S)							
	Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	Additional prerequisite(s): None							
Are prerequisites to be enforced at Registration? <u>Drop-down</u>								

CURRENT	COURSE CO-REQUISITE(S)			
	Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	Additional co-requisite(s):			
PROPOSED	COURSE CO-REQUISITE(S)			
	Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	And Subject:	_____	Number:	_____
	Additional co-requisite(s):			
Are co-requisites to be enforced at Registration? <u>Drop-down</u>				

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	The proposed change to delete the pre-requisite requirement provides more flexibility to students in developing their Programs of Study. A student may take EDLD 7533 before EDLD 7530, making the prerequisite unnecessary.

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
Current Course Number: 7533
Current Course Title: Mobilizing Communities

Proposed Course Subject: same
Proposed Course Number: same
Proposed Course Title: same

Approval Signatures

Recommend
 Not Recommend

Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend
 Not Recommend

Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend

Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

Dean of the College Date

Recommend
 Not Recommend

Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend

Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/1/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 7534
Full Course Title: Leading Innovation and Change

2. Course Change: Prerequisite(s) Drop-down
Drop-down Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	—	<u>Drop-Down</u>
Billing Hours:	—	<u>Drop-Down</u>
Lecture/Seminar Contact Hours:	—	<u>Drop-Down</u>
Lab Contact Hours:	—	<u>Drop-Down</u>
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	—	<u>Drop-Down</u>
Total Contact Hours:	—	<u>Drop-Down</u>
Ratio of Contact Hours to Credit Hours:	(Low) __ : __	(High) __ : __

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>7530</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>7737</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Additional prerequisite(s):				
PROPOSED	COURSE PREREQUISITE(S)				
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Additional prerequisite(s): None				
Are prerequisites to be enforced at Registration? <u>Drop-down</u>					

CURRENT	COURSE CO-REQUISITE(S)		
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	Additional co-requisite(s):		
PROPOSED	COURSE CO-REQUISITE(S)		
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	Additional co-requisite(s):		
Are co-requisites to be enforced at Registration? <u>Drop-down</u>			

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	The proposed change to delete the pre-requisite requirement provides more flexibility to students in developing their Programs of Study. A student may take EDLD 7534 before EDLD 7530, making the prerequisite unnecessary.

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
Current Course Number: 7534
Current Course Title: Leading Innovation and Change

Proposed Course Subject: same
Proposed Course Number: same
Proposed Course Title: same

Approval Signatures

Recommend
 Not Recommend _____
Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend _____
Department/School Chairperson Date

TEC Review Not Required _____ (Initials of Dept./School Chair or TEC Chair)
 Review Only (no action needed)
 Recommend
 Not Recommend _____
Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend _____
Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend _____
Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend _____
Dean of the College Date

Recommend
 Not Recommend _____
Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend _____
Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend _____
Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/1/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 7535
Full Course Title: Using Data in Leadership for Learning

2. Course Change: Prerequisite(s) Drop-down
Drop-down Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

*****The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.*****

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	— <u>Drop-Down</u>	—
Billing Hours:	— <u>Drop-Down</u>	—
Lecture/Seminar Contact Hours:	— <u>Drop-Down</u>	—
Lab Contact Hours:	— <u>Drop-Down</u>	—
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	— <u>Drop-Down</u>	—
Total Contact Hours:	— <u>Drop-Down</u>	—
	(Low)	(High)
Ratio of Contact Hours to Credit Hours:	— : —	— : —

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>7530</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDUR</u>	Number: <u>7130</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDUR</u>	Number: <u>8131</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Additional prerequisite(s):				
PROPOSED	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDUR</u>	Number: <u>7130</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDUR</u>	Number: <u>8131</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Additional prerequisite(s): None				
Are prerequisites to be enforced at Registration? <u>No</u>					

CURRENT	COURSE CO-REQUISITE(S)		
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	Additional co-requisite(s):		
PROPOSED	COURSE CO-REQUISITE(S)		
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	Additional co-requisite(s):		
Are co-requisites to be enforced at Registration? <u>Drop-down</u>			

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	The proposed change to delete one of the pre-requisite requirements provides more flexibility to students in developing their Programs of Study. A student may take EDLD 7535 before EDLD 7530, making this part of the prerequisite unnecessary.

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
Current Course Number: 7535
Current Course Title: Using Data in Leadership for Learning

Proposed Course Subject: same
Proposed Course Number: same
Proposed Course Title: same

Approval Signatures

Recommend
 Not Recommend

Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend
 Not Recommend

Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend

Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

Dean of the College Date

Recommend
 Not Recommend

Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend

Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/1/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 7737
Full Course Title: Internship I

2. Course Change: Corequisite(s) Drop-down
Drop-down Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

*****The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.*****

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	—	<u>Drop-Down</u>
Billing Hours:	—	<u>Drop-Down</u>
Lecture/Seminar Contact Hours:	—	<u>Drop-Down</u>
Lab Contact Hours:	—	<u>Drop-Down</u>
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	—	<u>Drop-Down</u>
Total Contact Hours:	—	<u>Drop-Down</u>
Ratio of Contact Hours to Credit Hours:	(Low) __ : __	(High) __ : __

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)							
	Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>C</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>C</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	Additional prerequisite(s):							
PROPOSED	COURSE PREREQUISITE(S)							
	Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	And Subject:	_____	Number:	_____	Concurrent:	<u>No</u>	Minimum Grade:	<u>D</u>
	Additional prerequisite(s):							
	Are prerequisites to be enforced at Registration? <u>Drop-down</u>							

CURRENT	COURSE CO-REQUISITE(S)						
	Subject:	<u>EDLD</u>	Number:	<u>7132</u>			
	And Subject:	_____	Number:	_____			
	And Subject:	_____	Number:	_____			
	And Subject:	_____	Number:	_____			
	Additional co-requisite(s):						
PROPOSED	COURSE CO-REQUISITE(S)						
	Subject:	_____	Number:	_____			
	And Subject:	_____	Number:	_____			
	And Subject:	_____	Number:	_____			
	And Subject:	_____	Number:	_____			
	Additional co-requisite(s): <u>None</u>						
	Are co-requisites to be enforced at Registration? <u>Drop-down</u>						

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	The proposed change to delete the co-requisite requirement provides more flexibility to students in developing their Programs of Study. EDLD 7132 is no longer a required course in the Program of Study.

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
Current Course Number: 7737
Current Course Title: Internship I

Proposed Course Subject: same
Proposed Course Number: same
Proposed Course Title: same

Approval Signatures

Recommend
 Not Recommend

Chairperson, Department Curriculum Committee
(If Applicable) Date

Recommend
 Not Recommend

Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend
 Not Recommend

Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend

Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

Dean of the College Date

Recommend
 Not Recommend

Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend

Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/1/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 7738
Full Course Title: Internship II

2. Course Change: Corequisite(s) Drop-down
Prerequisite(s) Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	—	<u>Drop-Down</u>
Billing Hours:	—	<u>Drop-Down</u>
Lecture/Seminar Contact Hours:	—	<u>Drop-Down</u>
Lab Contact Hours:	—	<u>Drop-Down</u>
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	—	<u>Drop-Down</u>
Total Contact Hours:	—	<u>Drop-Down</u>
Ratio of Contact Hours to Credit Hours:	(Low) __ : __	(High) __ : __

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>7132</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>7737</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Additional prerequisite(s):				
PROPOSED	COURSE PREREQUISITE(S)				
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Additional prerequisite(s): None				
Are prerequisites to be enforced at Registration? <u>Drop-down</u>					

CURRENT	COURSE CO-REQUISITE(S)		
	And	Subject: <u>EDLD</u>	Number: <u>7337</u>
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	Additional co-requisite(s):		
PROPOSED	COURSE CO-REQUISITE(S)		
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	Additional co-requisite(s): None		
Are co-requisites to be enforced at Registration? <u>Drop-down</u>			

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	The proposed change to delete the pre- and co-requisite requirements provides more flexibility to students in developing their Programs of Study. EDLD 7337 is not a required course in the current Program.

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
 Current Course Number: 7738
 Current Course Title: Internship II

Proposed Course Subject: same
 Proposed Course Number: same
 Proposed Course Title: same

Approval Signatures

<input type="checkbox"/> Recommend		
<input type="checkbox"/> Not Recommend	Chairperson, Department Curriculum Committee <i>(If Applicable)</i>	Date
<input checked="" type="checkbox"/> Recommend		
<input type="checkbox"/> Not Recommend	Department/School Chairperson	Date
<input checked="" type="checkbox"/> TEC Review Not Required	<u> </u> <i>(Initials of Dept./School Chair or TEC Chair)</i>	
<input type="checkbox"/> Review Only <i>(no action needed)</i>		
<input type="checkbox"/> Recommend		
<input type="checkbox"/> Not Recommend	Chairperson, TEC Executive Committee <i>(If Applicable)</i>	Date
<input type="checkbox"/> Recommend		
<input type="checkbox"/> Not Recommend	Director of University Honors Program <i>(If Applicable)</i>	Date
<input checked="" type="checkbox"/> Recommend		
<input type="checkbox"/> Not Recommend	Chairperson, College Curriculum Committee <i>(If Applicable)</i>	Date
<input checked="" type="checkbox"/> Recommend		
<input type="checkbox"/> Not Recommend	Dean of the College	Date
<input type="checkbox"/> Recommend		
<input type="checkbox"/> Not Recommend	Dean of the Graduate College <i>(If Applicable)</i>	Date
<input type="checkbox"/> Recommend		
<input type="checkbox"/> Not Recommend	Chairperson, Senate Undergraduate/Graduate Committee	Date
<input type="checkbox"/> Recommend		
<input type="checkbox"/> Not Recommend	Provost/Vice President for Academic Affairs <i>(Final sign-off)</i>	Date

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 3/31/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 8632
Full Course Title: Organizational Culture

2. Course Change: Corequisite(s) Drop-down
Prerequisite(s) Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

*****The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.*****

5. Does this course revision require a program revision? Drop-down
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	— <u>Drop-Down</u>	—
Billing Hours:	— <u>Drop-Down</u>	—
Lecture/Seminar Contact Hours:	— <u>Drop-Down</u>	—
Lab Contact Hours:	— <u>Drop-Down</u>	—
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	— <u>Drop-Down</u>	—
Total Contact Hours:	— <u>Drop-Down</u>	—
Ratio of Contact Hours to Credit Hours:	(Low) — : —	(High) — : —

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8630</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8631</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Additional prerequisite(s):				
PROPOSED	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8630</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8631</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Additional prerequisite(s):				
	Are prerequisites to be enforced at Registration? <u>No</u>				

CURRENT	COURSE CO-REQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8633</u>		
	And	Subject: <u>EDLD</u>	Number: <u>8737</u>		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
	Additional co-requisite(s):				
PROPOSED	COURSE CO-REQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8737</u>		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
	Additional co-requisite(s):				
	Are co-requisites to be enforced at Registration? <u>Yes</u>				

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	Corequisite changes are being sought in order that the catalog match the program of study. The only prerequisite change is to Not enforce them at Registration.

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
 Current Course Number: 8632
 Current Course Title: Organizational Culture

Proposed Course Subject: same
 Proposed Course Number: same
 Proposed Course Title: same

Approval Signatures

Recommend
 Not Recommend _____
 Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend _____
 Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend
 Not Recommend _____
 Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend _____
 Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend _____
 Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend _____
 Dean of the College Date

Recommend
 Not Recommend _____
 Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend _____
 Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend _____
 Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 3/31/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 8633
Full Course Title: Curriculum and Instructional Leadership

2. Course Change: Prerequisite(s) Drop-down
Drop-down Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

*****The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.*****

5. Does this course revision require a program revision? Drop-down
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	— <u>Drop-Down</u>	—
Billing Hours:	— <u>Drop-Down</u>	—
Lecture/Seminar Contact Hours:	— <u>Drop-Down</u>	—
Lab Contact Hours:	— <u>Drop-Down</u>	—
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	— <u>Drop-Down</u>	—
Total Contact Hours:	— <u>Drop-Down</u>	—
	(Low)	(High)
Ratio of Contact Hours to Credit Hours:	— : —	— : —

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8630</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8631</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Additional prerequisite(s):				
PROPOSED	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8630</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8631</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8632</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Additional prerequisite(s): a minimum grade of "S" in EDLD 8737				
Are prerequisites to be enforced at Registration? <u>No</u>					

CURRENT	COURSE CO-REQUISITE(S)		
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	Additional co-requisite(s):		
PROPOSED	COURSE CO-REQUISITE(S)		
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	And	Subject: _____	Number: _____
	Additional co-requisite(s):		
Are co-requisites to be enforced at Registration? <u>Yes</u>			

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	Changes are being sought in order that the catalog match the program of study.

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
 Current Course Number: 8633
 Current Course Title: Curriculum and Instructional Leadership

Proposed Course Subject: same
 Proposed Course Number: same
 Proposed Course Title: same

Approval Signatures

Recommend
 Not Recommend _____ Date
 Chairperson, Department Curriculum Committee
(If Applicable)

Recommend
 Not Recommend _____ Date
 Department/School Chairperson

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*

Review Only *(no action needed)*
 Recommend
 Not Recommend _____ Date
 Chairperson, TEC Executive Committee
(If Applicable)

Recommend
 Not Recommend _____ Date
 Director of University Honors Program
(If Applicable)

Recommend
 Not Recommend _____ Date
 Chairperson, College Curriculum Committee
(If Applicable)

Recommend
 Not Recommend _____ Date
 Dean of the College

Recommend
 Not Recommend _____ Date
 Dean of the Graduate College
(If Applicable)

Recommend
 Not Recommend _____ Date
 Chairperson, Senate Undergraduate/Graduate Committee

Recommend
 Not Recommend _____ Date
 Provost/Vice President for Academic Affairs
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 3/31/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 8634
Full Course Title: Managing Operations and Processes

2. Course Change: Prerequisite(s) Drop-down
Corequisite(s) Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.

Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

*****The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.*****

5. Does this course revision require a program revision? Drop-down
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	— <u>Drop-Down</u>	—
Billing Hours:	— <u>Drop-Down</u>	—
Lecture/Seminar Contact Hours:	— <u>Drop-Down</u>	—
Lab Contact Hours:	— <u>Drop-Down</u>	—
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	— <u>Drop-Down</u>	—
Total Contact Hours:	— <u>Drop-Down</u>	—
	(Low)	(High)
Ratio of Contact Hours to Credit Hours:	— : —	— : —

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8630</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8631</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8632</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8633</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
Additional prerequisite(s): a minimum grade of "S" in EDLD 8737					
PROPOSED	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8630</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8631</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8632</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
Additional prerequisite(s): Are prerequisites to be enforced at Registration? <u>No</u>					

CURRENT	COURSE CO-REQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8738</u>		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
Additional co-requisite(s):					
PROPOSED	COURSE CO-REQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8738</u>		
	And	Subject: <u>EDLD</u>	Number: <u>8633</u>		
	And	Subject: _____	Number: _____		
Additional co-requisite(s): Are co-requisites to be enforced at Registration? <u>Yes</u>					

CURRENT	CATALOG DESCRIPTION				
PROPOSED	CATALOG DESCRIPTION				

REMARKS	And JUSTIFICATION: (Short summary)				
	Changes are being sought in order that the catalog match the program of study.				

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
 Current Course Number: 8634
 Current Course Title: Managing Operations and Processes

Proposed Course Subject: same
 Proposed Course Number: same
 Proposed Course Title: same

Approval Signatures

Recommend _____
 Not Recommend Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend _____
 Not Recommend Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend _____
 Not Recommend Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend _____
 Not Recommend Director of University Honors Program Date
(If Applicable)

Recommend _____
 Not Recommend Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend _____
 Not Recommend Dean of the College Date

Recommend _____
 Not Recommend Dean of the Graduate College Date
(If Applicable)

Recommend _____
 Not Recommend Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend _____
 Not Recommend Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 3/31/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 8635
Full Course Title: Leading School Renewal

2. Course Change: Corequisite(s) Drop-down
Prerequisite(s) Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

*****The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.*****

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	— <u>Drop-Down</u>	—
Billing Hours:	— <u>Drop-Down</u>	—
Lecture/Seminar Contact Hours:	— <u>Drop-Down</u>	—
Lab Contact Hours:	— <u>Drop-Down</u>	—
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	— <u>Drop-Down</u>	—
Total Contact Hours:	— <u>Drop-Down</u>	—
	(Low)	(High)
Ratio of Contact Hours to Credit Hours:	— : —	— : —

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8630</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8631</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8632</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8633</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
Additional prerequisite(s): EDLD 8634; a minimum grade of "S" in EDLD 8737 and EDLD 8738					
PROPOSED	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8630</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8631</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8632</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8633</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
Additional prerequisite(s): EDLD 8634; a minimum grade of "S" in EDLD 8737 and EDLD 8738					
Are prerequisites to be enforced at Registration? <u>No</u>					

CURRENT	COURSE CO-REQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8739</u>		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
Additional co-requisite(s):					
PROPOSED	COURSE CO-REQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8739</u>		
	And	Subject: <u>EDUR</u>	Number: <u>8434</u>		
	And	Subject: _____	Number: _____		
Additional co-requisite(s):					
Are co-requisites to be enforced at Registration? <u>Yes</u>					

CURRENT	CATALOG DESCRIPTION				
PROPOSED	CATALOG DESCRIPTION				

REMARKS	And JUSTIFICATION: (Short summary)				
	Corequisite changes are being sought in order that the catalog match the program of study. The only prerequisite change is to Not enforce them at Registration.				

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
 Current Course Number: 8635
 Current Course Title: Leading School Renewal

Proposed Course Subject: same
 Proposed Course Number: same
 Proposed Course Title: same

Approval Signatures

Recommend _____
 Not Recommend Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend _____
 Not Recommend Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend _____
 Not Recommend Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend _____
 Not Recommend Director of University Honors Program Date
(If Applicable)

Recommend _____
 Not Recommend Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend _____
 Not Recommend Dean of the College Date

Recommend _____
 Not Recommend Dean of the Graduate College Date
(If Applicable)

Recommend _____
 Not Recommend Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend _____
 Not Recommend Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 3/31/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 8737
Full Course Title: Residency I

2. Course Change: Corequisite(s) Drop-down
Prerequisite(s) Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	— <u>Drop-Down</u>	—
Billing Hours:	— <u>Drop-Down</u>	—
Lecture/Seminar Contact Hours:	— <u>Drop-Down</u>	—
Lab Contact Hours:	— <u>Drop-Down</u>	—
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	— <u>Drop-Down</u>	—
Total Contact Hours:	— <u>Drop-Down</u>	—
Ratio of Contact Hours to Credit Hours:	(Low) — : —	(High) — : —

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8630</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8631</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
Additional prerequisite(s): a minimum grade of "C" in EDLD 8630 and EDLD 8631					
PROPOSED	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8630</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8631</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
Additional prerequisite(s): a minimum grade of "C" in EDLD 8630 and EDLD 8631					
Are prerequisites to be enforced at Registration? <u>No</u>					

CURRENT	COURSE CO-REQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8632</u>		
	And	Subject: <u>EDLD</u>	Number: <u>8633</u>		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
Additional co-requisite(s):					
PROPOSED	COURSE CO-REQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8632</u>		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
Additional co-requisite(s):					
Are co-requisites to be enforced at Registration? <u>Yes</u>					

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	Corequisite changes are being sought in order that the catalog match the program of study. The only prerequisite change is to Not enforce them at Registration.

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
 Current Course Number: 8737
 Current Course Title: Residency I

Proposed Course Subject: same
 Proposed Course Number: same
 Proposed Course Title: same

Approval Signatures

Recommend
 Not Recommend _____
 Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend _____
 Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend
 Not Recommend _____
 Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend _____
 Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend _____
 Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend _____
 Dean of the College Date

Recommend
 Not Recommend _____
 Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend _____
 Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend _____
 Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 3/31/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

1. Current Course: Subject: EDLD Number: 8738
Full Course Title: Residency II

2. Course Change: Prerequisite(s) Drop-down
Corequisite(s) Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is MORE than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Drop-down

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

*****The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.*****

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	—	<u>Drop-Down</u>
Billing Hours:	—	<u>Drop-Down</u>
Lecture/Seminar Contact Hours:	—	<u>Drop-Down</u>
Lab Contact Hours:	—	<u>Drop-Down</u>
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	—	<u>Drop-Down</u>
Total Contact Hours:	—	<u>Drop-Down</u>
Ratio of Contact Hours to Credit Hours:	(Low) — : —	(High) — : —

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

***Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) ***

CURRENT	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8630</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8631</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8632</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8633</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
Additional prerequisite(s): a minimum grade of "S" in EDLD 8737.					
PROPOSED	COURSE PREREQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8630</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8631</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: <u>EDLD</u>	Number: <u>8632</u>	Concurrent: <u>No</u>	Minimum Grade: <u>C</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
Additional prerequisite(s): a minimum grade of "S" in EDLD 8737					
Are prerequisites to be enforced at Registration? <u>No</u>					

CURRENT	COURSE CO-REQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8634</u>		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
Additional co-requisite(s):					
PROPOSED	COURSE CO-REQUISITE(S)				
	And	Subject: <u>EDLD</u>	Number: <u>8634</u>		
	And	Subject: <u>EDLD</u>	Number: <u>8633</u>		
	And	Subject: _____	Number: _____		
Additional co-requisite(s):					
Are co-requisites to be enforced at Registration? <u>Yes</u>					

CURRENT	CATALOG DESCRIPTION				
PROPOSED	CATALOG DESCRIPTION				

REMARKS	And JUSTIFICATION: (Short summary)				
	Changes are being sought in order that the catalog match the program of study.				

Course Revision Approval Signature Form

Revised Course

Current Course Subject: EDLD
 Current Course Number: 8738
 Current Course Title: Residency II

Proposed Course Subject: same
 Proposed Course Number: same
 Proposed Course Title: same

Approval Signatures

Recommend _____
 Not Recommend Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend _____
 Not Recommend Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend _____
 Not Recommend Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend _____
 Not Recommend Director of University Honors Program Date
(If Applicable)

Recommend _____
 Not Recommend Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend _____
 Not Recommend Dean of the College Date

Recommend _____
 Not Recommend Dean of the Graduate College Date
(If Applicable)

Recommend _____
 Not Recommend Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend _____
 Not Recommend Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Intra-Campus Memorandum
Graduate Committee

College of Education

TO: Graduate Committee

FROM: Deborah Thomas

DATE: July 28, 2009

SUBJECT: **Program Forms** – August 27, 2009, Graduate Committee Meeting

The COE requests approval of the proposals as presented.

1. Revised Programs

- g) Ed.S. in Educational Leadership
- h) Ed.S. in Teaching and Learning
- i) M.Ed. in Instructional Technology, certification (*not the GOML program*)
- j) M.Ed. in Instructional Technology, no certification (*not the GOML program*)
- k) M.Ed. in Teaching and Learning, Concentration Four: P-12 Education with an emphasis in Foreign Language (French or Spanish)
- l) Advisement for Students Interested in the MAT

mle

Georgia Southern University
Proposed New or Revised Programs

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 3/31/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

Current Name of Program (ex., B.S. Mathematics): Ed.S. in Educational Leadership

Proposed Name of Program (ex., B.S. Mathematics): same

(Regents' format can be found at: <http://www.usg.edu/academics/handbook/section2/2.03/2.03.02.phtml>)

1. Consistent with goals of: (check all that apply)

Accreditation College Department State/Regional Needs
 University Strategic Plan

2. Type: New Preliminary Proposal (Attach in Regents' required format)

OR

Formal Proposal (Attach in Regents' required format)

OR

Revision to Existing Program (Attach in Regents' required format)

OR

Other Program Proposals or Revisions that do not require Regents' approval

3. Proposal for: Other (please specify)

Other: Add admissions requirement #9.

4. Degree: EDS

Other:

5. Total Credit Hours Required: 30-33

6. Is this a change in credits (for Revisions only)? Yes No

7. Target Group of Students: Prospects for the School Administration Concentration in the Ed.S. in Educational Leadership program.

8. Additional Resources Needed: (check all that apply)

Computer Needs Distributed Learning Support Equipment Facilities
 Faculty Library Resources Staff Support
 Other

9. A New or Revised Catalog Program Page must be attached.

NOTE: For Revised Catalog Program Pages:

- Refer to *Sample Program Revisions* for layout format.
- Deletions should be in **BOLD** with a ~~strikethrough~~.
- Additions should be in **BOLD ITALICS**.

10. Provide the Justification/Rationale for New or Revised Programs.

This is a performance-based program and students cannot complete the degree requirements without sufficient school/district experience (deemed to be 3 years).

EDUCATIONAL LEADERSHIP

Ed.S., 30-33 HOURS

Advising: Department of Leadership, Technology, and Human Development, Dr. ~~Abbayehu Tekleselassie~~ **Teri Melton**, (912) 478-~~5567~~ **0510**, ~~atekleselassie~~ **tamelton**@georgiasouthern.edu, Fax: (912) 478-7104, <http://coe.georgiasouthern.edu/lthd/leadership.html>

Admission Requirements

Regular

1. Complete requirements for a Master's degree from a regionally accredited institution.
2. Possess or be eligible for the Professional Level Five Certificate or equivalent in Educational Leadership. (School Administration Concentration only)
3. Present a passing score on the Georgia Assessments for the Certification of Educators (GACE) Educational Leadership Assessment or another exam designated by the Georgia Professional Standards Commission (PSC) to replace this exam for use with performance-based certification. (School Administration Concentration only)
4. Present a 3.25 or higher GPA on all graduate work attempted.
5. Present official report of scores on the Miller Analogies Test (MAT) or the verbal, quantitative and analytical writing sections of the Graduate Records Examination (GRE).
6. Submit a personal statement of purpose, not to exceed 200 words, that identifies the applicant's reasons for pursuing graduate study and how admission into the program relates to the applicant's professional aspirations. For School Administration, the statement must include whether Building or District Level Certification (or both) is being sought.
7. Submit a completed "Disclosure and Affirmation Form" that addresses misconduct disclosure, criminal background check, the Code of Ethics for Educators, and tort liability insurance.
8. Submit school/district endorsement and agreement for Residency at the Building or District level. (School Administration Concentration only)
9. *Three years school/district experience prior to admission to the program. (School Administration Concentration only)*

Provisional

Applicants may be approved for provisional admission based on the quality of the admission material presented. Provisional students must earn grades of "B" or higher in their first nine (9) hours of course work after admission and meet any other stipulations outlined by the department to be converted to regular status.

CONCENTRATION: SCHOOL ADMINISTRATION, 33 HOURS (For Students Holding Level 5 Certification and Seeking Level 6 Certification)

Prerequisites

EDUR 7130 - Educational Research (3)

EDUR 8131 - Educational Statistics I (3)

The Program is a Fall or Spring Admission Program which is administered through the Cohort Process. The Residency is a performance-based internship, which is guided cooperatively by the university and school/district partner. Candidates should follow the Program of Study as prescribed here:

Semester I (Fall)	6 Hours
EDLD 8630 - Planning for Change (3) *	
EDLD 8631 - Implementing Change (3) *	
Semester II (Spring)	6 Hours
EDLD 8632 - Organizational Culture (3) *	
EDLD 8737 - Residency I (3) (On-site Performance-based Residency in a Leadership Position: Designate Building/District Level) (Residency will span Spring, Summer, and Fall Semesters, as planned and directed by Beginning Leader Support Team)	
Semester III (Summer)	9 Hours
EDLD 8634 - Managing Operations and Processes (3) *	
EDLD 8633 - Curriculum and Instructional Leadership (3) *	
EDLD 8738 - Residency II (3) (On-site Performance-based Residency in a Leadership Position: Designate Building/District Level) (Residency will span Spring, Summer, and Fall Semesters, as planned and directed by Beginning Leader Support Team)	
Semester IV (Fall)	9 Hours
EDLD 8635 - Leading School Renewal (3) *	
EDLD 8739 - Residency III (3) * (On-site Performance-based Residency in a Leadership Position: Designate Building/District Level) (Residency will span Spring, Summer, and Fall Semesters, as planned and directed by Beginning Leader Support Team)	
EDUR 8434 - Field-based Educational Research (3)	
Semester V (Spring)	3 Hours
EDLD 8839 - Directed Research in Educational Leadership (3)	

* A Key Assessment will be a major component of this course's requirements.

CONCENTRATION: HIGHER EDUCATION ADMINISTRATION, 30 HOURS

Required Research Core	9 Hours
EDLD 8839 - Directed Research in Educational Leadership (3)	
*EDUR 8131- Educational Statistics I (3) OR EDLD 8130 - Educational Evaluation (3)	
**EDUR 8434 - Field-Based Educational Research (3)	
Higher Education Core	15 Hours

Selected in consultation with Advisor
Elective Course work.....6 Hours
Selected in consultation with Advisor

**If equivalent was taken, student may substitute with Advisor approval*
***Prerequisite: Advisor and committee approval of research topic*

Program Approval Signature Form

New/Revised Program

Current Program Title (*ex., B.S. Mathematics*): Ed.S. in Educational Leadership

Proposed Program Title (*ex., B.S. Mathematics*): Ed.S. in Educational Leadership

Approval Signatures

Recommend
 Not Recommend

 Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

 Department/School Chairperson Date

TEC Review Not Required _____ (*Initials of Dept./School Chair or TEC Chair*)
 Review Only (*no action needed*)
 Recommend
 Not Recommend

 Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend

 Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend

 Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

 Dean of the College Date

Recommend
 Not Recommend

 Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend

 Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend

 Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Proposed New or Revised Programs

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 3/13/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1404 Department: Teaching and Learning

Current Name of Program (ex., B.S. Mathematics): Ed.S. in Teaching and Learning

Proposed Name of Program (ex., B.S. Mathematics): same

(Regents' format can be found at: <http://www.usg.edu/academics/handbook/section2/2.03/2.03.02.phtml>)

1. Consistent with goals of: (check all that apply)

Accreditation College Department State/Regional Needs
 University Strategic Plan

2. Type: New Preliminary Proposal (Attach in Regents' required format)

OR

Formal Proposal (Attach in Regents' required format)

OR

Revision to Existing Program (Attach in Regents' required format)

OR

Other Program Proposals or Revisions that do not require Regents' approval

3. Proposal for: Graduate Major

Other: This proposal is to add "or related educational fields" to the list of teaching fields that are accepted for admission to the Ed.S.

4. Degree: EDS

Other:

5. Total Credit Hours Required: 30

6. Is this a change in credits (for Revisions only)? Yes No

7. Target Group of Students: Candidates who are interested in enrolling in the Ed.S. in Teaching and Learning

8. Additional Resources Needed: (check all that apply)

Computer Needs Distributed Learning Support Equipment Facilities
 Faculty Library Resources Staff Support
 Other

9. A New or Revised Catalog Program Page must be attached.

NOTE: For Revised Catalog Program Pages:

- Refer to *Sample Program Revisions* for layout format.
- Deletions should be in **BOLD** with a **strikethrough**.
- Additions should be in **BOLD ITALICS**.

10. Provide the Justification/Rationale for New or Revised Programs.

Candidates who are interested in the Ed. S. in Teaching and Learning currently have to have or be eligible for a Level 5 certificate in a designated teaching field; however, there are a number of applicants who hold Level 5 certification in a field that is closely related to the teaching fields listed currently in the catalogue. This plan is to provide an opportunity for those applicants to meet the admission requirement.

TEACHING AND LEARNING

Ed.S., 30 HOURS

Advising: Department of Teaching and Learning, Dr. Susan Tremble, P.O. Box 8134, Statesboro, GA 30460, (912) 478-5596, susatrim@georgiasouthern.edu, FAX: (912) 478-0026, <http://coe.georgiasouthern.edu/tandl/>

Admission Requirements

Regular

1. Complete requirements for a Master's degree from a regionally accredited institution.
2. Possess or be eligible for a Professional Level Five Certificate in one of the following fields: Art, Early Childhood Education, Foreign Languages, Health/PE, Music, Special Education, Middle Grades, Instructional Technology, Reading, ~~or~~ a Secondary Education program area, **or a related educational field.**
3. Present a 3.25 or higher GPA on all graduate work attempted.
4. Present official report of scores on the Miller Analogies Test (MAT) or the verbal, quantitative and analytical writing sections of the Graduate Records Examination (GRE).
5. Submit a personal statement of purpose, not to exceed 200 words, that identifies the applicant's reasons for pursuing graduate study and how admission into the program relates to the applicant's professional aspirations.
6. Submit a completed "Disclosure and Affirmation Form" that addresses misconduct disclosure, criminal background check, the Code of Ethics for Educators, and tort liability insurance.

Provisional

Applicants may be approved for provisional admission based on the quality of the admission material presented. Provisional students must earn grades of "B" or higher in their first nine (9) hours of course work after admission and meet any other stipulations outlined by the department to be converted to regular status.

Research Sequence Requirements.....9 Hours

- EDUR 8131 - Educational Statistics I (3)
- *EDUR 8434 - Field-Based Educational Research (3)
- **ESED 8839 - Seminar and Field Study (3)

Major Requirements 12 Hours

- #ESED 8130 - Research on Current Trends and Issues (3)
- +ESED 8131 - Teacher Leadership (3)
- +ESED 8132 - Curriculum and Instruction (3)
- +ITEC 8231 - Transforming Learning with Technology (3)

++Emphasis Area (or) Electives9 Hours

OTHER PROGRAM REQUIREMENTS

- Successful completion of the Ed.S. Comprehensive Exit Assessment; involves constituting a three faculty advisory committee to guide field study, and requires the completion and oral presentation of a major field-based action research paper
- Must successfully complete assessments identified at each program transition point

*Prerequisites: EDUR 8131, ESED 8130, ESED 8131, ESED 8132, ITEC 8231

**Prerequisites: EDUR 8131, EDUR 8434, ESED 8130, ESED 8131, ESED 8132, ITEC 8231

#Must be taken during the first 9 hours; Prerequisite: Admission into the Ed.S. in Teaching and Learning

+Prerequisite: ESED 8130 or concurrently enrolled

++Candidates may select an emphasis from one of the following areas: Science Education, Mathematics Education, Social Science Education, English Education, Technology Education, Business Education, Instructional Technology, Reading Education, Art Education, Music Education, Health and Physical Education, Foreign Language Education, Middle Grades Education, Special Education, or Early Childhood Education. An emphasis area is not required.

Program Approval Signature Form

New/Revised Program

Current Program Title (*ex., B.S. Mathematics*): Ed.S. in Teaching and Learning
 Proposed Program Title (*ex., B.S. Mathematics*): same

Approval Signatures

Recommend
 Not Recommend

Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

Department/School Chairperson Date

TEC Review Not Required _____ (*Initials of Dept./School Chair or TEC Chair*)
 Review Only (*no action needed*)
 Recommend
 Not Recommend

Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend

Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

Dean of the College Date

Recommend
 Not Recommend

Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend

Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Proposed New or Revised Programs

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/1/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

Current Name of Program (ex., *B.S. Mathematics*): M.Ed. in Instructional Technology (students seeking cert) [this is NOT the GOML program]

Proposed Name of Program (ex., *B.S. Mathematics*): same

(Regents' format can be found at: <http://www.usg.edu/academics/handbook/section2/2.03/2.03.02.phtml>)

1. Consistent with goals of: (check all that apply)

Accreditation College Department State/Regional Needs
 University Strategic Plan

2. Type: New Preliminary Proposal (Attach in Regents' required format)

OR

Formal Proposal (Attach in Regents' required format)

OR

Revision to Existing Program (Attach in Regents' required format)

OR

Other Program Proposals or Revisions that do not require Regents' approval

3. Proposal for: Other (please specify)
prefixed courses does not appear in Catalog.

Other: Make program "inactive" so the program page with "ITEC"

4. Degree: MED

Other:

5. Total Credit Hours Required: 36

6. Is this a change in credits (for Revisions only)? Yes No

7. Target Group of Students: students interested in a master's in Instructional Technology will complete the GOML program.

8. Additional Resources Needed: (check all that apply)

Computer Needs Distributed Learning Support Equipment Facilities
 Faculty Library Resources Staff Support
 Other

9. A New or Revised Catalog Program Page must be attached.

NOTE: For Revised Catalog Program Pages:

- Refer to *Sample Program Revisions* for layout format.
- Deletions should be in **BOLD** with a **strikethrough**.
- Additions should be in **BOLD ITALICS**.

10. Provide the Justification/Rationale for New or Revised Programs.

Students interested in an M.Ed. in Instructional Technology are now admitted to the Georgia ONmyLINE (GOML) ITEC program offered by the College of Education at Georgia Southern. Courses in the GOML ITEC program carry FRIT course prefixes as shown on the ITEC GOML program pages in Catalog.

This request is for the older MED ITEC program, which lists courses with an ITEC prefix, to be made "inactive" and the page removed from catalog, pending future decisions about the ITEC program.

**Program to be Inactive; Not accepting students to this program
Remove Page from Catalog (in 08/09 Catalog page 372)**

~~INSTRUCTIONAL TECHNOLOGY M.Ed. (Online), 36 HOURS~~

~~(For Students Seeking Level 5 Certification as a Media Specialist)~~

~~Advising: Department of Leadership, Technology, and Human Development, Dr. Judi Repman, P.O. Box 8131, Statesboro, GA 30460, (912) 478-5394, jrepman@georgiasouthern.edu, Fax: (912) 478-7104, <http://coe.georgiasouthern.edu/lthd/itech.html>~~

~~The courses in this program are offered online.~~

~~Admission Requirements~~

~~Regular~~

- ~~1. Complete requirements for a Bachelor's degree from a regionally accredited institution.~~
- ~~2. Possess or be eligible for a Professional Level Four Certificate or equivalent in a teaching field. Persons not holding Level Four Certification may be admitted; however, the program will exceed 36 hours.~~
- ~~3. Present a cumulative 2.50 (4.0 scale) grade point average or higher on all undergraduate and graduate work combined.~~
- ~~4. Present official report of scores on the Miller Analogies Test (MAT) or the verbal, quantitative and analytical writing sections of the Graduate Records Examination (GRE).~~
- ~~5. Submit a personal statement of purpose, not to exceed 200 words, that identifies the applicant's reasons for pursuing graduate study and how admission into the program relates to the applicant's professional aspirations.~~
- ~~6. Submit a completed "Disclosure and Affirmation Form" that addresses misconduct disclosure, criminal background check, the Code of Ethics for Educators, and tort liability insurance.~~

~~Provisional~~

~~Applicants may be approved for provisional admission based on the quality of the admission material presented. Provisional students must earn grades of "B" or higher in their first nine (9) hours of course work after admission and meet any other stipulations outlined by the department to be converted to regular status.~~

~~Prerequisites~~

~~ITEC 7530 Instructional Technology Foundations (3) **OR** Test Out.~~

~~If the person does not possess a Professional Level Four Certificate or equivalent in a teaching field, the following courses are required as prerequisites:~~

~~EDUC 7130 Curriculum Theory and Design (3)~~

~~SPED 6130 Introduction to Special Education (3)~~

~~Professional Education Core Requirements.....6 Hours~~

~~EDUF 7130 Learning Theories and Applications (3)~~

~~EDUR 7130 Educational Research (3)~~

~~Specific Requirements.....24 Hours~~

~~ECED 7232 Children's Literature (3) **OR** MSED 7331 Early Adolescent Literature (3)~~

~~ITEC 7132 Administration of the School Library Media Program (3)~~

~~ITEC 7134 Collection Development and Organization (3)~~

~~ITEC 7136 Reference and Information Sources (3)~~

~~ITEC 7230 Selection and Development of Instructional Technologies (3)~~

~~ITEC 7430 Instructional Design (3)~~

~~ITEC 7737 Practicum in School Library Media Centers (3)~~

~~ITEC 8530 Applications of Instructional Technology (3)~~

~~Content Electives.....6 Hours~~

OTHER PROGRAM REQUIREMENTS

- ~~• All candidates for a Master's Degree in Instructional Technology are required to submit an electronic professional portfolio as a requirement for graduation~~
- ~~• Must successfully complete assessments identified at each program transition point~~
- ~~• ITEC 7530 may not be used as credit toward the Instructional Technology M.Ed. Program elective~~

Program Approval Signature Form

New/Revised Program

Current Program Title (*ex., B.S. Mathematics*): M.Ed. in Instructional Technology (students seeking cert) [this is NOT the GOML program]

Proposed Program Title (*ex., B.S. Mathematics*): M.Ed. in Instructional Technology (students seeking cert) [this is NOT the GOML program]

Approval Signatures

Recommend
 Not Recommend

 Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

 Department/School Chairperson Date

TEC Review Not Required _____ (*Initials of Dept./School Chair or TEC Chair*)
 Review Only (*no action needed*)
 Recommend
 Not Recommend

 Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend

 Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend

 Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

 Dean of the College Date

Recommend
 Not Recommend

 Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend

 Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend

 Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Proposed New or Revised Programs

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/1/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1406 Department: LTHD

Current Name of Program (ex., B.S. Mathematics): M.Ed. in Instructional Technology (not seeking cert) [this is NOT the GOML program]

Proposed Name of Program (ex., B.S. Mathematics): same

(Regents' format can be found at: <http://www.usg.edu/academics/handbook/section2/2.03/2.03.02.phtml>)

1. Consistent with goals of: (check all that apply)

Accreditation College Department State/Regional Needs
 University Strategic Plan

2. Type: New Preliminary Proposal (Attach in Regents' required format)

OR

Formal Proposal (Attach in Regents' required format)

OR

Revision to Existing Program (Attach in Regents' required format)

OR

Other Program Proposals or Revisions that do not require Regents' approval

3. Proposal for: Other (please specify)
prefixed courses does not appear in Catalog.

Other: Make program "inactive" so the program page with "ITEC"

4. Degree: MED

Other:

5. Total Credit Hours Required: 36

6. Is this a change in credits (for Revisions only)? Yes No

7. Target Group of Students: students interested in a master's in Instructional Technology will complete the GOML program.

8. Additional Resources Needed: (check all that apply)

Computer Needs Distributed Learning Support Equipment Facilities
 Faculty Library Resources Staff Support
 Other

9. A New or Revised Catalog Program Page must be attached.

NOTE: For Revised Catalog Program Pages:

- Refer to *Sample Program Revisions* for layout format.
- Deletions should be in **BOLD** with a **strikethrough**.
- Additions should be in **BOLD ITALICS**.

10. Provide the Justification/Rationale for New or Revised Programs.

Students interested in an M.Ed. in Instructional Technology are now admitted to the Georgia ONmyLINE (GOML) ITEC program offered by the College of Education at Georgia Southern. Courses in the GOML ITEC program carry FRIT course prefixes as shown on the ITEC GOML program pages in Catalog.

This request is for the older MED ITEC program, which lists courses with an ITEC prefix, to be made "inactive" and the page removed from catalog, pending future decisions about the ITEC program.

**Program to be Inactive; Not accepting students to this program
Remove Page from Catalog (in 08/09 Catalog, page 373)**

~~INSTRUCTIONAL TECHNOLOGY M.Ed. (Online), 36 HOURS~~

~~(For Students Not Seeking Level 5 Certification as a Media Specialist)~~

~~**Advising:** Department of Leadership, Technology, and Human Development, Dr. Judi Repman, P.O. Box 8131, Statesboro, GA 30460, (912) 478-5394, jrepman@georgiasouthern.edu, Fax: (912) 478-7104, <http://coe.georgiasouthern.edu/lthd/itech.html>~~

~~The courses in this program are offered online.~~

~~**Program Intent:** This program does not lead to a Level Five School Library Media Specialist Certification.~~

~~Admission Requirements~~

~~Regular~~

~~7. Complete requirements for a Bachelor's degree from a regionally accredited institution.~~

~~8. Present a cumulative 2.50 (4.0 scale) grade point average or higher on all undergraduate and graduate work combined.~~

~~9. Present official report of scores on the Miller Analogies Test (MAT) or the verbal, quantitative and analytical writing sections of the Graduate Records Examination (GRE).~~

~~10. Submit a personal statement of purpose, not to exceed 200 words, that identifies the applicant's reasons for pursuing graduate study and how admission into the program relates to the applicant's professional aspirations.~~

~~11. Submit a completed "Disclosure and Affirmation Form" that addresses misconduct disclosure, criminal background check, the Code of Ethics for Educators, and tort liability insurance.~~

~~Provisional~~

~~Applicants may be approved for provisional admission based on the quality of the admission material presented. Provisional students must earn grades of "B" or higher in their first nine (9) hours of course work after admission and meet any other stipulations outlined by the department to be converted to regular status.~~

~~Prerequisite~~

~~ITEC 7530—Instructional Technology Foundations (3) or Test Out~~

~~Professional Education Core Requirements.....6 Hours~~

~~EDUF 7130—Learning Theories and Applications (3)~~

~~EDUR 7130—Educational Research (3)~~

~~Specific Requirements.....21 Hours~~

~~ITEC 7230—Selection and Development of Instructional Technologies (3)~~

~~ITEC 7335—Web Design and Development (3)~~

~~ITEC 7430—Instructional Design (3)~~

~~ITEC 7738—Practicum in Instructional Technology (3)~~

~~ITEC 8132—Administration of Technology Resources (3)~~

~~ITEC 8435—Program Evaluation (3)~~

~~ITEC 8530—Applications of Instructional Technology (3)~~

~~Content Electives.....9 Hours~~

~~Must have Advisor approval.~~

~~**OTHER PROGRAM REQUIREMENTS**~~

~~● All candidates for a Master's Degree in Instructional Technology are required to submit an electronic professional portfolio as a requirement for graduation~~

~~● Must successfully complete assessments identified at each program transition point~~

~~● ITEC 7530 may not be used as credit toward the Instructional Technology M.Ed. Program elective~~

Program Approval Signature Form

New/Revised Program

Current Program Title (*ex., B.S. Mathematics*): M.Ed. in Instructional Technology (not seeking cert) [this is NOT the GOML program]

Proposed Program Title (*ex., B.S. Mathematics*): M.Ed. in Instructional Technology (not seeking cert) [this is NOT the GOML program]

Approval Signatures

Recommend
 Not Recommend

 Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

 Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend
 Not Recommend

 Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend

 Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend

 Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

 Dean of the College Date

Recommend
 Not Recommend

 Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend

 Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend

 Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Proposed New or Revised Programs

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 3/03/09
(Term Format: 200608) Proposed Effective Term: 200905
CIP Code: _____

College Code: 14-COE Department Code: 1404 Department: Teaching & Learning

Current Name of Program (ex., B.S. Mathematics): M.Ed. in Teaching and Learning, Concentration Four: P-12 Education with an emphasis in Foreign Language (French or Spanish)

Proposed Name of Program (ex., B.S. Mathematics): same

(Regents' format can be found at: <http://www.usg.edu/academics/handbook/section2/2.03/2.03.02.phtml>)

1. Consistent with goals of: (check all that apply)

- Accreditation College Department State/Regional Needs
 University Strategic Plan

2. Type: New Preliminary Proposal (Attach in Regents' required format)

OR

Formal Proposal (Attach in Regents' required format)

OR

Revision to Existing Program (Attach in Regents' required format)

OR

Other Program Proposals or Revisions that do not require Regents' approval

3. Proposal for: Drop-down

Other: Deletion of the M.Ed. in Teaching and Learning, Concentration Four: P-12 Education with an emphasis in Foreign Language (French or Spanish) effective Summer, 2009.

4. Degree: M.Ed.

Other:

5. Total Credit Hours Required: 36

6. Is this a change in credits (for Revisions only)? Yes No

7. Target Group of Students: Candidates interested in the M.Ed. in Teaching and Learning with an emphasis in Foreign Language (French or Spanish)

8. Additional Resources Needed: (check all that apply)

- Computer Needs Distributed Learning Support Equipment Facilities
 Faculty Library Resources Staff Support
 Other

9. A New or Revised Catalog Program Page must be attached.

NOTE: For Revised Catalog Program Pages:

- Refer to *Sample Program Revisions* for layout format.
- Deletions should be in **BOLD** with a **strikethrough**.
- Additions should be in **BOLD ITALICS**.

10. Provide the Justification/Rationale for New or Revised Programs.

Low enrollments over the past few years have led to the plan to delete the M.Ed. in Teaching and Learning, Concentration Four: P-12 Education with an emphasis in Foreign Language (French or Spanish). There are no candidates currently enrolled in this program.

TEACHING AND LEARNING M.Ed., 36 HOURS

Advising: Department of Teaching and Learning, Dr. Ronnie Sheppard, P.O. Box 8134, (912) 478-0198, sheppard@georgiasouthern.edu, Fax: (912) 478-0026, <http://coe.georgiasouthern.edu/tandl/>. The contact person for each Concentration is listed below with the program of study.

Admission Requirements

Regular

1. Complete requirements for a Bachelor's degree from a regionally accredited institution.
2. For Concentrations 1-~~5~~ 4, possess or be eligible for a Professional Level Four Certificate or equivalent in the certification field for which one is applying. Persons may be admitted into the Special Education Concentration Three with Level Four Certification in a teaching field other than Special Education if prerequisite course work is completed. Concentration ~~Six~~ Five Instructional Improvement does not require teacher certification.
3. Present a cumulative 2.50 (4.0 scale) grade point average or higher on all undergraduate and graduate work combined.
4. Present official report of scores on the Miller Analogies Test (MAT) or the verbal, quantitative and analytical writing sections of the Graduate Records Examination (GRE).
5. Submit a personal statement of purpose, not to exceed 200 words, that identifies the applicant's reasons for pursuing graduate study and how admission into the program relates to the applicant's professional aspirations.
6. Submit a completed "Disclosure and Affirmation Form" that addresses misconduct disclosure, criminal background check, the Code of Ethics for Educators, and tort liability insurance.

Provisional

Applicants may be approved for provisional admission based on the quality of the admission material presented. Provisional students must earn grades of "B" or higher in their first nine (9) hours of course work after admission and meet any other stipulations outlined by the department to be converted to regular status.

Concentration: There are ~~six~~ five Concentrations based on educational background and career goals:

- **Concentration One:** Middle Grades Education (4-8) for candidates who hold a Professional Level Four Certificate or equivalent in Middle Grades Education.
- **Concentration Two:** Secondary Education (6-12) for candidates who hold a Professional Level Four Certificate or equivalent in one of the following certification areas: biology, geology, chemistry, physics, English, mathematics, technology education, business education, history, geography, political science, economics, social science, science.
- **Concentration Three:** Special Education (P-12) for candidates who hold a Professional Level Four Certificate or equivalent in Special Education or candidates with a Professional Level Four Certification in a teaching field other than Special Education if prerequisite course work is completed.
- ~~Concentration Four: P-12 Education (P-12) for candidates who hold a Professional Level Four Certificate or equivalent in Spanish or French.~~
- **Concentration Five-Four:** Early Childhood Education (P-5) for candidates who hold a Professional Level Four Certificate or equivalent in Early Childhood Education.
- **Concentration Six-Five:** Instructional Improvement for candidates who hold a bachelor's degree from a regularly accredited institution and who are interested in an advanced degree in education that does not lead to teacher certification.

Concentration One: Middle Grades Education (Grades 4-8) 36 Hours

Contact: Department of Teaching and Learning, Dr. Gregory Chamblee, P.O. Box 8134, (912) 478-5701, gchamblee@georgiasouthern.edu, Fax: (912) 478-0026, <http://coe.georgiasouthern.edu/tandl/>

Professional Education Core Requirements (6 hours)

EDUF 7130 - Learning Theories and Applications (3)

EDUR 7130 - Educational Research (3)

Specific Requirements (12 hours)

MGED 8131 - Integrated Curriculum for the Middle Grades (3)

MGED 8132 - Effective Middle Schools (3)

*MGED 8633 - Seminar in Middle Grades Education (3)

ESED 7131 - Enhancing Student Performance (3)

Major Requirements (12 hours)

**A minimum of 6 hours of graduate courses approved by the advisor in two concentration areas selected from: science, social studies, language arts/reading, and mathematics. Must include a 3 semester hour advanced methods course in each of the two concentrations: MSED 7535 Teaching Middle Grades and Secondary Mathematics, MSED 7432 Teaching Social Studies in the Middle and Secondary Schools, MSED 7333 Writing Instruction for Middle and Secondary Schools, or MSED 7331 Hands-On Science for the Middle and Secondary Schools.

Electives (6 hours)

**Prerequisites: MGED 8131 and MGED 8132. The capstone course must be taken the last fall semester prior to completing the program.*

***MSED 7535 is required of candidates concentrating in mathematics and is a prerequisite to ESED 7131.*

Concentration Two: Secondary Education (Grades 6-12) with emphases in Business Education, English Education, Mathematics Education, Social Science Education, Science Education, or Technology Education 36 Hours

Contact: Department of Teaching and Learning, Dr. Michelle Reidel, P.O. Box 8134, (912) 478-5806, mreidel@georgiasouthern.edu, Fax: (912) 478-0026, <http://coe.georgiasouthern.edu/tandl/>

Professional Education Core Requirements (6 hours)

EDUF 7130 - Learning Theories & Applications (3)

EDUR 7130 - Educational Research (3)

Specific Requirements (9 hours)

ESED 7133 - Trends, Issues, and Research in Education (3)

ESED 7131 - Enhancing Student Performance (3)
 *SCED 8633 - Seminar in Secondary Education (3)
 Advanced Subject-Specific Methods Courses in the Emphasis Areas (6 hours)
 Teaching Field Courses in the Emphasis Area (12 hours)
 12 hours of graduate teaching field courses in the selected concentration approved by the advisor
 Elective (3 hours)

**Not required for candidates concentrating in Technology Education; substitute an advisor-approved course*

Concentration Three: Special Education (Grades P-12) 36 Hours
 Contact: Department of Teaching and Learning, Dr. Maggie LaMontagne, P.O. Box 8134, (912) 478-0353, lamontag@georgiasouthern.edu, Fax: (912) 478-0026, <http://coe.georgiasouthern.edu/tand/>

Prerequisites

READ 4131 - The Teaching of Reading (3) **OR** READ 7131 - Approaches to Reading Instruction (3)
 SPED 6130 - Introduction to Special Education (3)
 SPED 6230 - Assessment and Procedures in Special Education (3)
 SPED 6231 - Special Education Laws and Procedures (3)
 SPED 6330 - Classroom Management (3)

Program of Study for Certification Areas

Professional Education Core Requirements (6 hours)

EDUF 7130 - Learning Theories and Applications (3)
 EDUR 7130 - Educational Research (3)

Specialized Area of Emphasis Courses (12 hours)

Select one of the following Curriculum Areas:

Moderate-Severe Disabilities-Adaptive Curriculum

SPED 7630 - Seminar in Special Education (3)
 SPED 7634 - Characteristics of Low Incidence Populations (3)
 SPED 7635 - Methods for Low Incidence Populations (3)
 SPED 7633 - Introduction to Augmentative Language (3) **OR** SPED 7136 - Language Development (3)

Mild Disabilities - General Curriculum

SPED 7630 - Seminar in Special Education (3)
 SPED 7631 - Perspectives on Characteristics of Mild Disabilities (3)
 SPED 7632 - Methods for Mild Disabilities (3)
 SPED 7136 - Language Development (3)

Specialized Content for Teaching (9 hours)

ITEC 7530 - Instructional Technology Foundations (3) **OR** ITEC 8530 - Application of Instructional Technology (3)
 SPED 7133 - Collaboration Across the Life Span (3)
 SPED 7736 - Internship (3)

Reading Electives (9 hours)

READ 7132 - Diagnosis and Correction of Reading Difficulties (3)
 READ 7230 - Issues and Trends in Reading (3)
 READ 7330 - Reading in the Content Area (3)

Specific Program Requirement:

- All new master's level candidates must schedule and meet with their assigned Special Education Advisor for a brief advisement orientation meeting prior to their first semester of course work in order to meet the registration requirements of the program.
- Candidates must take courses in sequenced order to meet Special Education Program Key Assessment criteria.
- Candidates must successfully complete an electronic portfolio project in order to exit the program.

Concentration Four: P-12 Education (Grades P-12) with an emphasis in Foreign Language (French or Spanish) 36 Hours
 Contact: Department of Foreign Language, Dr. David Alley, P.O. Box 8134, (912) 478-5281, dalley@georgiasouthern.edu, Fax: (912) 478-0652, <http://coe.georgiasouthern.edu/tand/>

Professional Education Core Requirements (6 hours)

EDUF 7130 - Learning Theories and Applications (3)
 EDUR 7130 - Educational Research (3)

Teaching Concentrations in French or Spanish (15 hours)

Select one of the following options:

Option 1: Teaching Concentration in Spanish:

SPAN 7130 - Second Language Acquisition in Spanish (3)
 SPAN 7131 - Stylistics in Spanish (3)
 SPAN - Graduate courses approved by the advisor (9)

Option 2: Teaching Concentration in French:

FREN 7130 - Second Language Acquisition in French (3)
 FREN 7132 - Advanced Grammar (3)
 FREN - Graduate courses approved by the advisor (9)

Advanced Methods Courses (6 hours)

FORL 7231 - Foreign Language Curriculum (3)
 FORL 7232 - Foreign Language Methods (3)

ESOL Endorsement Courses (6 hours)

ESED 5233G - Applied Linguistics: ESOL (3)
 ESED 5234G - Cross-Cultural Issues for ESOL (3)

Elective (3 hours)

Concentration Five-Four: Early Childhood Education (Grades P-5) 36 Hours
 Contact: Department of Teaching and Learning, Dr. Susan Franks, P.O. Box 8134, (912) 478-0073, sfranks@georgiasouthern.edu, Fax: (912) 478-0026, <http://coe.georgiasouthern.edu/tand/>

- Professional Education Core Requirements (9 hours)
 - ECED 7132 - Effective Curriculum and Instruction in Elementary Schools (3)
 - EDUF 7130 - Learning Theories and Applications (3)
 - EDUR 7130 - Educational Research (3)
- Specialized Content for Teaching (12 hours)
 - (Professional Education Prerequisites)
 - ECED 7230 - Advanced Language Arts Methods (3)
 - ECED 7330 - Advanced Math Methods (3)
 - ECED 7430 - Advanced Science Methods (3)
 - ECED 7530 - Advanced Social Studies Methods (3)
- Culmination Course (3 hours)
 - (Professional Education and Specialized Content Prerequisites)
 - ECED 7639 - Seminar in P-5 (3)
- Open Electives (approved by advisor) (12 hours)

Concentration Six-Five: Instructional Improvement (Online).....36 Hours
 Contact: Department of Teaching and Learning, Dr. Yasar Bodur , P.O. Box 8134, (912) 478-7285, ybodur@georgiasouthern.edu, Fax: (912) 478-0026, <http://coe.georgiasouthern.edu/tandl/>

- Professional Education Core Requirements (9 hours)
 - EDUF 7130 - Learning Theories and Applications (3)
 - EDUR 7130 - Educational Research (3)
 - ESED 7133 - Trends, Issues, and Research in Education (3)
- *Specific Program Requirements (12 hours)
 - ESED 7132 - Framework for Teaching (3)
 - ESED 7131 - Enhancing Student Performance (3)
 - ITEC 7430 - Instructional Design (3) **OR** ITEC 7530 - Instructional Technology Foundations (3)
 - ESED 5234G- Cultural Issues: ESOL (3) **OR** EDUF 7235 - Multicultural Education (3)

Specialization (12 hours)
 Select twelve hours of coursework in an area of specialization from the College of Education or outside the College of Education.
 Elective (3 hours)

**Candidates may substitute a course approved by the advisor if already completed one of the required courses.*

PROGRAM EXIT EXPERIENCE:

- Successful completion of a professional portfolio and presentation arranged with the advisor.

OTHER PROGRAM REQUIREMENTS FOR ALL CONCENTRATIONS:

- Successfully complete assessments identified at each program transition point, as well as the M.Ed. exit assessment.

Program Approval Signature Form

New/Revised Program

Current Program Title (*ex., B.S. Mathematics*): M.Ed. in Teaching and Learning, Concentration Four: P-12 Education with an emphasis in Foreign Language (French or Spanish)
 Proposed Program Title (*ex., B.S. Mathematics*): same

Approval Signatures

Recommend
 Not Recommend

Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

Department/School Chairperson Date

TEC Review Not Required _____ (*Initials of Dept./School Chair or TEC Chair*)
 Review Only (*no action needed*)
 Recommend
 Not Recommend

Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend

Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

Dean of the College Date

Recommend
 Not Recommend

Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend

Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Proposed New or Revised Programs

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/6/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 14 - COE Department Code: 1404 Department: T&L

Current Name of Program (ex., B.S. Mathematics): Advisement for Students Interested in the MAT

Proposed Name of Program (ex., B.S. Mathematics): same

(Regents' format can be found at: <http://www.usg.edu/academics/handbook/section2/2.03/2.03.02.phtml>)

1. Consistent with goals of: (check all that apply)

Accreditation College Department State/Regional Needs
 University Strategic Plan

2. Type: New Preliminary Proposal (Attach in Regents' required format)

OR

Formal Proposal (Attach in Regents' required format)

OR

Revision to Existing Program (Attach in Regents' required format)

OR

Other Program Proposals or Revisions that do not require Regents' approval

3. Proposal for: Other (please specify)

Other: Delete catalog copy re: advisement for Art Education in MAT

4. Degree: Other

Other: MAT

5. Total Credit Hours Required: N/A

6. Is this a change in credits (for Revisions only)? Yes No

7. Target Group of Students: advising students interested in teaching

8. Additional Resources Needed: (check all that apply)

Computer Needs Distributed Learning Support Equipment Facilities
 Faculty Library Resources Staff Support
 Other

9. A New or Revised Catalog Program Page must be attached.

NOTE: For Revised Catalog Program Pages:

- Refer to *Sample Program Revisions* for layout format.
- Deletions should be in **BOLD** with a ~~strikethrough~~.
- Additions should be in **BOLD ITALICS**.

10. Provide the Justification/Rationale for New or Revised Programs.

Upon approval of the deletion of the Art Education emphasis area in the MAT (at Graduate Committee on 4/9/09), the catalog text regarding advisement for students interested in teaching in art is no longer needed in Catalog.

SECONDARY OR P-12 EDUCATION DEGREES

For those interested in P-12 Education (grades preschool-12) certification with an ART degree:

Students who seek teacher certification after completion of the B.A. or B.F.A. Art program may achieve this through the Master of Arts in Teaching (MAT) or a non-degree certification program. To meet admission requirements, the following courses must be successfully completed within the undergraduate program of study or prior to admission into the certification track or MAT degree program:

ART 1135 – Painting I (3)

ART 1230 – Ceramics I (3)

ART 1235 – Sculpture I (3)

ART 1335 – Photography I (3)

ART 1430 – Printmaking I (3)

ART 2233 – Computer Graphics (3)

Art History coursework must include courses in the following distinctive areas:

non-20th century; modern or contemporary; non-western

The following education courses may also be taken as *electives* while enrolled in your bachelor's program:

Courses that a student can take as an undergraduate that will count toward certification requirements but will not count toward MAT degree requirements are:

• ITEC 3430 – Instructional Technology for P-12 Education (3) (or meet the state technology requirement by passing the GACE-Computer Skill Competency Assessment)

• SPED 3333 – Introduction to Special Education (3)

Education Area F “Preprofessional Block” (PPB) courses may also be taken; however the PPB courses will not count toward meeting certification requirements or MAT degree requirements. These courses can provide undergraduate students information and experiences in school settings that will help them make more informed decisions about becoming a teacher. Since the three PPB courses have USG-mandated field requirements, the following guidance should be followed:

• BA/BS/BBA majors can take the complete 9-semester hour PPB block of courses with the required 50-hour field experience; **OR**

• BA/BS/BBA majors can take EDUC 2130 – Exploring Learning and Teaching concurrently with EDUC 2090 – PPB Practicum (50 contact hours in a school) – total of 3-credit hours. After taking EDUC 2130, those students can take one or both of the other PPB courses with approximately 10 hours of field experience with each course. These courses are:

• EDUC 2110 – Investigating Critical and Contemporary Issues in Education (3)

• EDUC 2120 – Exploring Socio-Cultural Perspectives on Diversity in Educational Contexts (3)

NOTE: GACE Basic Skills and GACE Content Assessment examination and 2.5 cumulative GPA requirements must be met for certification program admission and should be considered during enrollment in the bachelor's program.

Program Approval Signature Form

New/Revised Program

Current Program Title (*ex., B.S. Mathematics*): Advisement for Students interested in the MAT

Proposed Program Title (*ex., B.S. Mathematics*): Advisement for Students interested in the MAT

Approval Signatures

Recommend
 Not Recommend

 Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

 Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend
 Not Recommend

 Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend

 Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend

 Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

 Dean of the College Date

Recommend
 Not Recommend

 Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend

 Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend

 Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Intra-Campus Memorandum
Undergraduate/Graduate Committee

College of Science & Technology

TO: Caroline D. James

FROM: Shahnam Navaee

DATE: August 20, 2009

SUBJECT: COST Agenda for Aug. 27, 2009 GC Meeting

The following are the curriculum items of the College of Science & Technology for the Aug. 27, 2009 Graduate Committee meeting.

Department of Geology and Geography

Revised Courses:

GEOG 5090G – Selected Topics – Physical Geography (Title)
GEOG 5890G – Special Problems in Geography (Title)

Course Deletions:

GEOG 5030G - Selected Topics – Regional Geography
GEOG 5031G – Selected Topics – Human Geography
GEOG 5620G – Research Seminar in Geography

Department of Mechanical & Electrical Engineering Technology

Revised Courses:

TEET 5531G – Programmable Logic Controllers (Prerequisites, Corequisites)

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) **UC/GC Meeting Date:** 8/27/09
(Date Format: 99/99/99) **Date Submitted:** 4/23/09
(Term Format: 200608) **Proposed Effective Term:** 200908
CIP Code: _____

College Code: 15 - COST **Department Code:** 1512 **Department:** Geology and Geography

1. **Current Course:** Subject: GEOG Number: 5090G
Full Course Title: Selected Topics - Physical Geography

2. **Course Change:** Title Drop-down Drop-down
Drop-down Drop-down
Drop-down Drop-down

3. **Revised Course:** Subject: GEOG Number: 5090G
Full Course Title: Selected Topics
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is ***MORE*** than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Yes

4. **Is this course cross-listed with other courses?** No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

*****The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.*****

5. **Does this course revision require a program revision?** No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	—	<u>Drop-Down</u>
Billing Hours:	—	<u>Drop-Down</u>
Lecture/Seminar Contact Hours:	—	<u>Drop-Down</u>
Lab Contact Hours:	—	<u>Drop-Down</u>
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	—	<u>Drop-Down</u>
Total Contact Hours:	—	<u>Drop-Down</u>
	(Low)	(High)
Ratio of Contact Hours to Credit Hours:	__ : __	__ : __

7. **Repeatable for Credit:** Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. **Additional Fees:** Drop-down If yes, amount: _____

9. **Level:** Drop-down Drop-down Drop-down

10. **Grade Mode:** N = Normal Drop-down Drop-down Drop-down
(Default)

11. **Schedule Type:** Drop-down Drop-down Drop-down
(Default)

*****Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6) *****

CURRENT	COURSE PREREQUISITE(S)				
	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	And Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	And Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	And Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	Additional prerequisite(s):				
PROPOSED	COURSE PREREQUISITE(S)				
	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	And Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	And Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	And Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	Additional prerequisite(s):				
Are prerequisites to be enforced at Registration? <u>Drop-down</u>					

CURRENT	COURSE CO-REQUISITE(S)				
	Subject: _____	Number: _____			
	And Subject: _____	Number: _____			
	And Subject: _____	Number: _____			
	And Subject: _____	Number: _____			
	Additional co-requisite(s):				
PROPOSED	COURSE CO-REQUISITE(S)				
	Subject: _____	Number: _____			
	And Subject: _____	Number: _____			
	And Subject: _____	Number: _____			
	And Subject: _____	Number: _____			
	Additional co-requisite(s):				
Are co-requisites to be enforced at Registration? <u>Drop-down</u>					

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	There are currently three Selected Topics courses in Geography, each with a specific theme (GEOG 5090G - Selected Topics - Physical Geography, GEOG 5030G - Selected Topics - Regional Geography, GEOG 5031G - Selected Topics - Human Geography). The faculty of the Department of Geology and Geography wish to merge these three courses into one Selected Topics course, GEOG 5090G, and delete the other two courses, GEOG 5030G and GEOG 5031G. This will streamline the Geography course offerings and make the course title the same as the equivalent Geology course (GEOL 5090G - Selected Topics).

Course Revision Approval Signature Form

Revised Course

Current Course Subject: GEOG
 Current Course Number: 5090G
 Current Course Title: Selected Topics - Physical Geography

Proposed Course Subject: GEOG
 Proposed Course Number: 5090G
 Proposed Course Title: Selected Topics

Approval Signatures

Recommend
 Not Recommend

Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend
 Not Recommend

Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend

Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

Dean of the College Date

Recommend
 Not Recommend

Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend

Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/23/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: _____

College Code: 15 - COST Department Code: 1512 Department: Geology and Geography

1. Current Course: Subject: GEOG Number: 5890G
Full Course Title: Special Problems in Geography

2. Course Change: Title Drop-down
Drop-down Drop-down
Drop-down Drop-down

3. Revised Course: Subject: GEOG Number: 5890G
Full Course Title: Directed Study
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is **MORE** than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? Yes

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.

Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

*****The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.*****

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	— <u>Drop-Down</u>	—
Billing Hours:	— <u>Drop-Down</u>	—
Lecture/Seminar Contact Hours:	— <u>Drop-Down</u>	—
Lab Contact Hours:	— <u>Drop-Down</u>	—
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	— <u>Drop-Down</u>	—
Total Contact Hours:	— <u>Drop-Down</u>	—
	(Low)	(High)
Ratio of Contact Hours to Credit Hours:	— : —	— : —

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

*****Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6)*****

CURRENT	COURSE PREREQUISITE(S)				
	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	And Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	And Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	And Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	Additional prerequisite(s):				
PROPOSED	COURSE PREREQUISITE(S)				
	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	And Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	And Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	And Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>	
	Additional prerequisite(s):				
Are prerequisites to be enforced at Registration? <u>Drop-down</u>					

CURRENT	COURSE CO-REQUISITE(S)				
	Subject: _____	Number: _____			
	And Subject: _____	Number: _____			
	And Subject: _____	Number: _____			
	And Subject: _____	Number: _____			
	Additional co-requisite(s):				
PROPOSED	COURSE CO-REQUISITE(S)				
	Subject: _____	Number: _____			
	And Subject: _____	Number: _____			
	And Subject: _____	Number: _____			
	And Subject: _____	Number: _____			
	Additional co-requisite(s):				
Are co-requisites to be enforced at Registration? <u>Drop-down</u>					

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	The faculty of the Department of Geology and Geography agree that equivalent courses in GEOG and GEOL should have similar titles. This change will make the title of GEOG 5890G the same as the equivalent Geology course (GEOL 5890G - Directed Study).

Course Revision Approval Signature Form

Revised Course

Current Course Subject: GEOG
 Current Course Number: 5890G
 Current Course Title: Special Problems in Geography

Proposed Course Subject: GEOG
 Proposed Course Number: 5890G
 Proposed Course Title: Directed Study

Approval Signatures

Recommend
 Not Recommend

_____ Date
 Chairperson, Department Curriculum Committee
(If Applicable)

Recommend
 Not Recommend

_____ Date
 Department/School Chairperson

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend
 Not Recommend

_____ Date
 Chairperson, TEC Executive Committee
(If Applicable)

Recommend
 Not Recommend

_____ Date
 Director of University Honors Program
(If Applicable)

Recommend
 Not Recommend

_____ Date
 Chairperson, College Curriculum Committee
(If Applicable)

Recommend
 Not Recommend

_____ Date
 Dean of the College

Recommend
 Not Recommend

_____ Date
 Dean of the Graduate College
(If Applicable)

Recommend
 Not Recommend

_____ Date
 Chairperson, Senate Undergraduate/Graduate Committee

Recommend
 Not Recommend

_____ Date
 Provost/Vice President for Academic Affairs
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Multiple Course Deletions Approval Signature Form

Deleted Courses

Course Subject(s) and Number(s): GEOG 5030G, GEOG 5031G, GEOG 5620G

Approval Signatures

Recommend
 Not Recommend

Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend
 Not Recommend

Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend

Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend

Dean of the College Date

Recommend
 Not Recommend

Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend

Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend

Provost/Vice President for Academic Affairs Date
(Final sign-off)

***Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.**

Georgia Southern University
Course Revision Form

To: Undergraduate Committee
 Graduate Committee

(Date Format: 99/99/99) UC/GC Meeting Date: 8/27/09
(Date Format: 99/99/99) Date Submitted: 4/23/09
(Term Format: 200608) Proposed Effective Term: 200908
CIP Code: 150399

College Code: 15 - COST Department Code: 1506 Department: Mech & Elec Engr Tech

1. Current Course: Subject: TEET Number: 5531G
Full Course Title: Programmable Logic Controllers

2. Course Change: Prerequisite(s) Drop-down
Corequisite(s) Drop-down
Drop-down Drop-down

3. Revised Course: Subject: _____ Number: _____
Full Course Title: _____
Abbreviated Course Title (max 30 characters): _____
(Only abbreviate if Full Course Title is **MORE** than 30 characters)
Does Revised Course replace Current Course for GPA Calculation? No

4. Is this course cross-listed with other courses? No
If Yes, please list the cross-listed course(s) below.
Subject: _____ Number: _____
Subject: _____ Number: _____
Subject: _____ Number: _____

*****The Dept(s) offering the cross-listed course must submit a Course Revision Form for each course.*****

5. Does this course revision require a program revision? No
If yes, a Revised Program Form must be submitted for each program on which the course is listed. Please contact other Department(s)/College(s) to inform them of the Course Revision so they can submit revisions if necessary.

Complete the remainder of this form based on your selection(s) in item #2.

	Low (Must Be Completed)	High (Only for variable hours)
6. Credit Hours:	— <u>Drop-Down</u>	—
Billing Hours:	— <u>Drop-Down</u>	—
Lecture/Seminar Contact Hours:	— <u>Drop-Down</u>	—
Lab Contact Hours:	— <u>Drop-Down</u>	—
Will multiple labs be offered for each lecture section?		<u>Drop-Down</u>
Other Contact Hours:	— <u>Drop-Down</u>	—
Total Contact Hours:	— <u>Drop-Down</u>	—
	(Low)	(High)
Ratio of Contact Hours to Credit Hours:	— : —	— : —

7. Repeatable for Credit: Drop-down
(“Yes” can count more than once toward graduation. “No” will only count once toward graduation.)

8. Additional Fees: Drop-down If yes, amount: _____

9. Level: Drop-down Drop-down Drop-down

10. Grade Mode: N = Normal Drop-down Drop-down Drop-down
(Default)

11. Schedule Type: Drop-down Drop-down Drop-down
(Default)

Please be sure that Schedule Type matches Lecture, Lab, or Other Hour Type (# 6)

CURRENT	COURSE PREREQUISITE(S)				
		Subject: <u>TENS</u>	Number: <u>2146</u>	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: <u>TEET</u>	Number: <u>2441</u>	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Or	Subject: <u>ENGR</u>	Number: <u>2332</u>	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Additional prerequisite(s):				
PROPOSED	COURSE PREREQUISITE(S)				
		Subject: <u>TENS</u>	Number: <u>2146</u>	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Or	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	And	Subject: _____	Number: _____	Concurrent: <u>No</u>	Minimum Grade: <u>D</u>
	Additional prerequisite(s): Or by approval of the instructor				
	Are prerequisites to be enforced at Registration? <u>Yes</u>				

CURRENT	COURSE CO-REQUISITE(S)				
		Subject: <u>TEET</u>	Number: <u>3512</u>		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
	Additional co-requisite(s):				
PROPOSED	COURSE CO-REQUISITE(S)				
		Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
	And	Subject: _____	Number: _____		
	Additional co-requisite(s):				
	Are co-requisites to be enforced at Registration? <u>Yes</u>				

CURRENT	CATALOG DESCRIPTION
PROPOSED	CATALOG DESCRIPTION

REMARKS	And JUSTIFICATION: (Short summary)
	The elimination of TEET 2441 and ENGR 2332 as pre-requisites and the co-requisite of TEET 3512 allows MET students to enroll in this course.

Course Revision Approval Signature Form

Revised Course

Current Course Subject: TEET
 Current Course Number: 5531G
 Current Course Title: Programmable Logic Controllers

Proposed Course Subject: _____
 Proposed Course Number: _____
 Proposed Course Title: _____

Approval Signatures

Recommend
 Not Recommend _____
 Chairperson, Department Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend _____
 Department/School Chairperson Date

TEC Review Not Required _____ *(Initials of Dept./School Chair or TEC Chair)*
 Review Only *(no action needed)*
 Recommend
 Not Recommend _____
 Chairperson, TEC Executive Committee Date
(If Applicable)

Recommend
 Not Recommend _____
 Director of University Honors Program Date
(If Applicable)

Recommend
 Not Recommend _____
 Chairperson, College Curriculum Committee Date
(If Applicable)

Recommend
 Not Recommend _____
 Dean of the College Date

Recommend
 Not Recommend _____
 Dean of the Graduate College Date
(If Applicable)

Recommend
 Not Recommend _____
 Chairperson, Senate Undergraduate/Graduate Committee Date

Recommend
 Not Recommend _____
 Provost/Vice President for Academic Affairs Date
(Final sign-off)

*Consultation between appropriate chairpersons and deans must occur if this item impacts another unit before final approval.

Dual Listed Courses: Review and Comment

In a dual listed course, there are higher expectations for graduate students than undergraduate students. Examples of higher expectations for graduate students include, but are not limited to the following examples: additional goals and objectives, extra assignments or more involved assignments, more readings, and a different grading scale. The purpose of these higher expectations is to identify the qualitative and quantitative differences between graduate and undergraduate student experiences. Dual listed course proposals submitted to the Graduate Committee to implement this philosophy must include an Appendix describing higher course expectations for graduate students.

Degree Admission Based Upon Exceptional Qualifications

Policy Draft

Applicants with exceptional experience and/or academic qualifications may be granted degree admission to the College of Graduate Studies without the submission of admission test scores. Admission approval may be granted by the Graduate Dean following a review of the recommendation by the respective Graduate Program Director and Department Chair.

Procedure:

The Graduate Program Director and Department Chair will submit to the Graduate Dean a recommendation for admission based upon exceptional experience and/or academic qualifications that outlines the justification for the admission recommendation.

Justification:

Occasionally applicants with demonstrated exceptional experience and/or qualifications apply for admission to complete a graduate degree program. This policy recognizes that, in lieu of admission test scores, the professional experience and/or academic credentials can be a better indication of the applicant's academic success. Because this is a College of Graduate Studies policy, it will permit each graduate program to consider admission based upon exceptional qualifications without each graduate program having to develop its own stated policy.