

**Curriculum Change Form**  
**(Present only one proposed curriculum change per form)**  
**(Complete only the section(s) applicable.)**

**Part I**

<input type="checkbox"/> (Check one)	Department Name	Special Education
<input type="checkbox"/> New Course (Parts II, IV)	College	Education
<input checked="" type="checkbox"/> Course Revision (Parts II, IV)	*Course Prefix & Number	SED 518
<input type="checkbox"/> Hybrid Course ("S," "W")	*Course Title	Special Education in Early Childhood
<input type="checkbox"/> New Minor (Part III)	*Program Title	
<input type="checkbox"/> Program Suspension (Part III)		
<input type="checkbox"/> Program Revision (Part III)	*Provide only the information relevant to the proposal.	If Certificate, indicate Long-Term (University) or Short-Term (Departmental)

  

Proposal Approved by:	<u>Date</u>		<u>Date</u>
Departmental Committee	1/6/2014	Council on Academic Affairs	3/20/2014
College Curriculum Committee	1/14/2014	Faculty Senate**	NA
General Education Committee*	NA	Board of Regents**	NA
Teacher Education Committee*	1/28/2014	EFFECTIVE ACADEMIC TERM***	Fall 2014
Graduate Council*	NA		

\*If Applicable (Type NA if not applicable.)  
 \*\*Approval needed for program revisions or suspensions.  
 \*\*\*To be added by the Registrar's Office after all approval is received.

**Completion of A, B, and C is required: (Please be specific, but concise.)**

**A. 1. Specific action requested:** (Example: Increase the number of credit hours for ABC 100 from 1 to 2.)  
 Change course prerequisites and add statement about credit for 518 OR 518S

**A. 2. Proposed Effective Academic Term:** (Example: Fall 2012)  
 Fall 2014

**A. 3. Effective date of suspended programs for currently enrolled students:** (if applicable)

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**B. The justification for this action:** Current prerequisites are unnecessary and make registration difficult for students and faculty.

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**C. The projected cost (or savings) of this proposal is as follows:**

**Personnel Impact:**  
 Will reduce faculty/ staff time commitments in terms of processing overrides.

**Operating Expenses Impact:**  
 No additional

**Equipment/Physical Facility Needs:**  
 No additional

**Library Resources:**  
 No additional

**Part II. Recording Data for New, Revised, or Dropped Course**

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striethrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

**New or Revised\* Catalog Text**

(\*Use ~~striethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

**SED 518 Special Education in Early Childhood. (3) I, II.** Prerequisites: SED 104, 401 or 575 and SED 260 or CDS 360; or instructor approval. Overview of history, philosophy, legislation and services for young children (0-5) at-risk for or with disabilities, including impact and intervention across developmental domains. Credit will not be awarded for both SED 518 and 518S.

**Part III. Recording Data for Revised or Suspended Program**

1. For a revised program, provide the current program requirements using ~~striethrough~~ for deletions and underlines for additions.
2. For a suspended program, provide the current program requirements as shown in catalog. List any options and/or minors affected by the program's suspension.

**Revised\* Program Text**

(\*Use ~~striethrough~~ for deletions and underlines for additions.)

**Part IV. Recording Data for New or Revised Course** (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Academic Term (Example: Fall 2012)	College/Division:	Dept. (4 letters)*
SED	518	Fall 2014	AS _____ HS _____ BT _____ JS _____ ED X _____ UP _____	SPED
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
3	Lecture _____	Laboratory _____	Other _____	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Cip Code (first two digits only)	
1	3		FR _____ JR X _____	
B	3		SO X _____ SR X _____	
T	3			
V	3	Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>		
W	3			
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

**CoRequisites and Prerequisites** **\*\*See definitions on following page\*\***

**Co-Requisite(s):** (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.

Course Prefix and No.

<b>Prerequisite(s):</b> (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)	
Course Prefix and No.	Prerequisites: SED 104, <u>401</u> or 575 and SED 260 or CDS <u>360</u> ; or instructor approval.
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	
<b>Co-requisite(s) and/or Prerequisite(s) Combination</b> (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	
<b>Equivalent Course(s):</b> (credit will not be awarded for both...; or formerly...)	
Course Prefix and No.	SED 518S
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Element: Please mark (X) in the appropriate Element or Elements ( e.g. – 4B(3) X ).

Element 1 (9)	Element 2 (3)	Element 3 (6)	Element 4 (6)	Element 5 (6)	Element 6 (6)
1A (3)	2 (3)	3A (3)	4A (3)	5A (3)	6 (6)
1B (3)		3B (3)	4B (3)	5B (3)	
1C (3)		or 3A/B Integrated A&H(6)	or 4A/B Integrated Sciences(6)		

**NOTE:** Do not forward validation tables with curriculum form.

(\*Use Validation Tables.)