

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

**Part I**

<input type="checkbox"/> (Check one) New Course (Parts II, IV)	Department Name Special Education	
<input type="checkbox"/> Course Revision (Parts II, IV)	College Education	
<input checked="" type="checkbox"/> Hybrid Course ("S," "W")	*Course Prefix & Number SED 518S	
<input type="checkbox"/> New Minor (Part III)	*Course Title Special Education in Early Childhood	
<input type="checkbox"/> Program Suspension (Part III)	*Program Title	
<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)

  

	<u>Date</u>		<u>Date</u>
Proposal Approved by: 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.)**

<b>A. 1. Specific action requested:</b> (Example: Increase the number of credit hours for ABC 100 from 1 to 2.) Change course prerequisites
<b>A. 2. Proposed Effective Academic Term:</b> (Example: Fall 2012) Fall 2014
<b>A. 3. Effective date of suspended programs for currently enrolled students:</b> (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 ~~strikethrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

**New or Revised\* Catalog Text**

(\*Use ~~strikethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)  
SED 518S 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. Service learning is a component of this course. Credit will not be awarded for both SED 518S and 518.

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

1. For a revised program, provide the current program requirements using ~~strikethrough~~ 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 ~~strikethrough~~ 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	518S	Fall 2014	AS _____ HS _____ BT _____ JS _____ ED <u>X</u> _____ 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 <u>X</u>	
B	3		SO <u>X</u> _____ SR <u>X</u> _____	
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. \_\_\_\_\_

**Prerequisite(s):** (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. \_\_\_\_\_ SED 104 or 401 or 575 and SED 260 or CDS 360 or instructor approval

Course Prefix and No. \_\_\_\_\_

Test Scores \_\_\_\_\_

Minimum GPA (when a course grouping or student cumulative GPA is required) \_\_\_\_\_

**Co-requisite(s) and/or Prerequisite(s) Combination** (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) \_\_\_\_\_

**Equivalent Course(s):** (credit will not be awarded for both...; or formerly...)

Course Prefix and No. \_\_\_\_\_ SED 518

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.)

