

**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	Curriculum & Instruction	
<input type="checkbox"/> New Course (Parts II, IV)	College	Education	
<input checked="" type="checkbox"/> Course Revision (Parts II, IV)	*Course Prefix & Number	EMG 806	
<input type="checkbox"/> Hybrid Course ("S," "W")	*Course Title	Reading Instruction in the Middle School	
<input type="checkbox"/> New Minor (Part III)	*Program Title	NA	
<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	1/22/2015	Council on Academic Affairs	1/21/16
College Curriculum Committee	2/25/2015	Faculty Senate**	NA
General Education Committee*	NA	Board of Regents**	NA
Teacher Education Committee*	3/3/2015	EFFECTIVE ACADEMIC TERM***	FALL 2016
Graduate Council*	3/27/2015		

\*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.)**

<p><b>A. 1. Specific action requested:</b>  Add minimum of 10 clinical hours required to course description</p> <p><b>A. 2. Proposed Effective Academic Term:</b> Fall 2016</p> <p><b>A. 3. Effective date of suspended programs for currently enrolled students:</b> (if applicable)</p>
<p><b>B. The justification for this action:</b>  Meet expectations for clinical model in professional education preparation.</p>
<p><b>C. The projected cost (or savings) of this proposal is as follows:</b></p> <p><b>Personnel Impact:</b> none</p> <p><b>Operating Expenses Impact:</b> none</p> <p><b>Equipment/Physical Facility Needs:</b> none</p> <p><b>Library Resources:</b> none</p>

**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.)

**EMG 806 Reading Instruction in the Middle School. (3) A.** Prerequisite: a course in foundations or reading/language arts instruction. Comprehensive study of materials and strategies for teaching reading in the middle grades with special emphasis on reading in the content areas. (Minimum of 10 clinical hours required)

**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)*
EMG	806	Fall 2016	AS _____ HS _____ BT _____ JS _____ ED x _____ UP _____	CURI
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)	
			Class Restriction, if any: (undergraduate only)	
			FR _____ JR _____	
			SO _____ SR _____	
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>		
		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.	
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.	
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)		