

COURSE CHANGE FORM

Proposals require a completed form and if applicable: a) [syllabus](#) with tracked changes, b) curriculum sheet or academic map with tracked changes, c) overlap and/or acknowledgment statements, and c) general-education [templates](#).

FACULTY MEMBER PROPOSING CHANGE

NAME:

EMAIL:

TITLE:

DEPARTMENT:

COLLEGE:

EXISTING Course Code and Number

PROPOSED Course Code AND Number (if applicable)

EXISTING Course Title

PROPOSED Course Title (limit 50 characters)

In what academic year and semester is this course change intended to go into effect?

YEAR:

SEMESTER:

Fall

Spring

Summer

Winter J-term

What is changing? Check all that apply.

Course code (3-letter prefix)

Prerequisite(s) and/or co-requisites

Course number (3-digit number)

Course to qualify for general education (GE)

Title

GE course changing SLOs

Description

Create online version of existing course

Method of instruction

400-level to qualify for graduate credit

Method of grading

Remove "for graduate credit" from 400-level

Credits

Course Deletion

Cross-listing

EXPLAIN THE PURPOSE OF THE COURSE CHANGE(S) and/or reason for course deletion.

Provide justification for all changes checked above. If credit change, provide syllabus with tracked-changes. Not all reviewers of this proposal will be familiar with your curriculum. Be clear and concise.

COURSE INFORMATION

The originating department/college is responsible for consulting with other departments and colleges, including University College, when a change in credits or pre-requisite or deletion might affect students in other majors. If deleting, search the [University Catalog](#) for all occurrences of the course to be deleted and report those as changes.

Is this course currently an approved general education course? YES NO

If this course is currently cross-listed, identify those departments/programs:

If adding cross-listing, identify those departments/programs:

*If adding cross-listings, attach letter(s) of agreement from Department Chair or Dean's representative if no Chair.

EXISTING

COURSE DESCRIPTION (from [Catalog](#))

PROPOSED (enter N/A if no change)

COURSE DESCRIPTION (limit 30-words)

PREREQUISITE(S)/COREQUISITES

PREREQUISITE(S)/COREQUISITES

Is this course currently a prerequisite or co-requisite for another course? YES NO

If yes, list all courses that use this course as a prerequisite:

EXISTING CREDITS

Method of instruction	#Credits
Externship	
Field Studies	
Independent Study	
Laboratory	
Lecture	
Online	
Practicum	
Project	
Recitation	
Rehearsal	
Seminar	
Studio	
Tutorial	
Workshop	
Portfolio*	
Total # of Credits	

*(if portfolio, use one of the methods of instruction above)

PROPOSED CREDITS

Method of instruction	#Credits
Externship	
Field Studies	
Independent Study	
Laboratory	
Lecture	
Online	
Practicum	
Project	
Recitation	
Rehearsal	
Seminar	
Studio	
Tutorial	
Workshop	
Portfolio*	
Total # of Credits	

*(if portfolio, use one of the methods of instruction above)

Does this change involve an ONLINE component?	YES	NO
ONLINE COURSE DETAILS	(Complete Online Course Details)	(Go to GE section this page)
Is this course change:		
a) Adding an online section of a face-to-face course?	YES	NO
b) Creating an online-only course AND replacing a face-to-face course? (If yes, complete a separate course deletion form.)	YES	NO
c) Creating a blended course with an online component tied to earned credit with face-to-face?	YES	NO
d) Exclusive to an Accelerated Online Program?	YES	NO
How has the instructor prepared to offer the course online? (e.g., Online Course Training/Pedagogy , consultation with Instructional Design Support)		

COURSE ACCESSIBILITY: Consider compliance with Americans with Disabilities Act/Section 504 of the 1973 Rehabilitation Act; check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Syllabus includes disabilities statement | <input type="checkbox"/> Videos include closed captioning or transcription |
| <input type="checkbox"/> Images include alternative text | <input type="checkbox"/> Accessible PDFs provided for all attachments |
| <input type="checkbox"/> Accessible forms & tables provided | |

Explain any items NOT checked as well as additional technological and instructional design preparation.

Does this change involve GENERAL EDUCATION?	YES	NO
GE COURSE DETAILS	(Complete GE Course Details)	(Go to page 4)
Is this course changing general education student learning outcomes (SLOs)?	YES	NO
<i>If yes, submit completed templates for new SLOs; SLOs already approved need not be submitted.</i>		
OUTCOME #1	Fully Covered	
OUTCOME #2	Fully covered or	Partially covered
GRAND CHALLENGE	YES	NO

See [GE Rubrics](#) to determine best fit for SLOs. GE courses must have two SLOs, one fully covered, and one partially or fully covered. Do not include partial outcomes in course description or syllabus. SUBMIT GE outcome [template\(s\)](#) for each outcome selected (i.e., full, partial, grand challenge). Outcome D1 must be a full outcome. Grand Challenge (GC) courses are overlays to GE courses with two SLOs.

If this GE course is designed for a large class (60+ students), please explain the plan for successful assessment of students meeting the selected outcomes.

RATIONALE AND EFFECT

Consider and describe the effect this course change will have on: a) the academic requirements in your department/college on majors, minors and/or programs; b) current majors/candidates, C) other departments that use this course as a major requirement, professional elective, or general education course.

If course is required for a major or program, submit a revised curriculum sheet with tracked changes. Program changes require a separate [Notice of Change](#) form proposal. If applicable, submit an acknowledgment statement from affected departments.

OVERLAP

With the proposed course change, explain how this course may be similar to or may overlap with any course offered at URI. Submit acknowledgment for each possible overlap from Department Chair or Dean's Representative if no Dept. Chair.

The originating department/college is responsible for considering all potential effects of the proposed course change and is responsible for consulting with other departments and colleges about these impacts. Proposers should perform a [course catalog](#) search using keywords to identify possible overlap.

REQUIRED Additional Documents:

1. Revised Syllabus with changes indicated in tracked changes (if needed)
2. Revised Curriculum Sheet with changes indicated in tracked changes (if needed)
3. [Template](#) for each new General Education SLO (if needed)
4. Agreement statements for cross-listing (if needed)
5. Acknowledgment statements addressing overlap (if needed)
6. [Notice of Change](#) form (if needed)

REQUIRED SIGNATURES

Signatures indicate approval of this proposal including verification of: a) factually accurate information, b) staffing, and c) consideration of all possible curricular impacts both within and outside of the originating department. Errors will delay advancement to the appropriate review committees.

The Faculty Senate Office accepts only electronic proposals and digital signatures; please do not submit scanned copies.

Department Chair	DATE
College Curriculum Committee Chair	DATE
Dean	DATE

To determine status of this proposal see the [Proposal Tracker spreadsheet](#), which tracks submitted course and curriculum/program proposals through the legislative process.