Curriculum Development Form — Modify an Existing Course

Course Designator, Number, Title and Number of Credits (i.e. ACCT 1800, Business Law, 3 cr)

HEMS 1220 - EMT Refresher

Date of Proposal: 4-13-16

Author: ERIC WELLER

Course Contact: ERIC WELLER

Grading Method: X Grade □ Pass/Fail

Scheduling: □ Fall □ Spring □ Summer □ Alternate Years □ Variable □ On Demand

Is this proposed course a Liberal Arts and Sciences course? □ Yes □ No

If yes, which MnTC area(s) will it fulfill (http://mntransfer.org)?

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

The course is being: □ Modified □ Deleted (complete Intention Form and obtain signatures)

Describe the modification and the rationale:

REQUIREMENTS
BY NATIONAL REGISTRY OF EMT'S & MN EMS REGULATORY BOARD

Is this course a requirement/elective for a specific program or programs? □ Yes □ No

If yes, which program(s)? — DARS search

What impact will this modified course have on other program(s)? NONE

Attach additional paperwork if necessary

As Faculty Developer, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

Prior to Preparing Documentation

□ Initiation — idea was submitted to Department Chair(s) and Academic Dean/Director for discussion and support

□ Completed Intention Form

Continue the Curriculum Development Process

□ COPY of existing CCO was used to make changes

□ Double-checked:
  • concise 2-3 sentence course description
  • course prefix and number

□ Completed MnTC Goal Area Cross-walk Template (for LAS MnTC courses only)

□ Verified measurable course competencies and learning objectives

□ Considered potential opportunities and impacts of the change on other programs/departments — DARS Search

□ Proofread documentation for correct content and proper structure on CCOs based on SCC example

□ Proofread documentation for grammatical and typographical errors

Faculty Developer Signature

4/13/16

Date

As Primary Department Chair, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

□ Documentation through email and department meetings made available for other faculty and programs to provide feedback, includes MnTC Goal Area Cross-walk Template(s)

□ Proofread documentation for correct content and proper structure on CCOs based on SCC example

□ Proofread documentation for grammatical and typographical errors

□ I support this course □ I do not support this course — please provide reason(s):

Primary Department Chair Signature

4-13-16

Date
For LAS (MnTC courses) — As a LAS Department Chair, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

☐ LAS course (specifically MnTC courses), documentation through email and department meetings made available for other faculty and programs to provide feedback, includes MnTC Goal Area Cross-walk Template(s)

☐ I support this course  ☐ I do not support this course — please provide reason(s):

_________________________  ____________________________
LAS Department Chair Signature                  Date

☐ I support this course  ☐ I do not support this course — please provide reason(s):

_________________________  ____________________________
LAS Department Chair Signature                  Date

☐ I support this course  ☐ I do not support this course — please provide reason(s):

_________________________  ____________________________
LAS Department Chair Signature                  Date

If all 4 LAS Department Chairs do not support the modified course proposal, faculty developer can elevate the proposal to AASC for resolution.

As Academic Dean/Director, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

☐ Identified potential opportunities and impacts of the change on other programs/departments — DARS search
☐ Reviewed MnTC Goal Area Cross-walk Template (for LAS MnTC courses only)
☐ MnTC Goal Area is appropriate based on MnSCU guidelines — Transfer Specialist consulted
☐ Verified credentials for faculty teaching the course
☐ Addressed the need for Class Maximum Change Request form
☐ No change in class maximum OR
☐ Change in class maximum — Class Maximum Change Request form completed with all necessary signatures

☐ I support this course  ☐ I do not support this course — please provide reason(s):

_________________________  ____________________________
Academic Dean/Director Signature                  Date

If Academic Dean/Director does not support the modified course proposal, faculty developer can elevate the proposal to AASC for resolution.

Upload this signed form as a PDF to WIDS Shared Document folder — Curriculum Committee.

Following Curriculum Committee support, this form is completed with final signatures.

_________________________  ____________________________
Curriculum Committee Chair Signature                  Date

_________________________  ____________________________
Vice President of Student and Academic Affairs Signature                  Date