

# OXNARD COLLEGE

## COURSE APPROVAL AND COURSE OUTLINE

### I. PROPOSED ACTION:

- A. NEW COURSE \_\_\_\_\_  
REVISE CATALOG INFORMATION \_\_\_\_\_  
REVISE OUTLINE \_\_\_\_\_  
DELETE \_\_\_\_\_  
REINSTATE \_\_\_\_\_

1st Reading \_\_\_\_\_  
DCSL \_\_\_\_\_  
2nd Reading \_\_\_\_\_  
Governing Board \_\_\_\_\_  
1st \_\_\_\_\_ 2nd \_\_\_\_\_

### B. STATE REASON(S) FOR NEW COURSE OR REVISION:

- C. CURRENT COURSE ID: \_\_\_\_\_ BANNER TITLE: \_\_\_\_\_  
or  
PROPOSED COURSE ID: \_\_\_\_\_ BANNER TITLE: \_\_\_\_\_

### II. CATALOG INFORMATION: Complete remaining information as follows: FOR REVISIONS, line through original, then type revision; FOR A NEW COURSE OR REINSTATEMENT, enter all items below; FOR DELETIONS, leave remainder of form blank. All new information should be in *italics* or **bold**.

- A. COURSE ID:  
B. DESCRIPTIVE TITLE:  
C. UNITS:  
D. PREREQUISITE(S)\*:  
E. COREQUISITE(S)\*:  
F. ADVISORY(IES)\*:  
G. NUMBER OF WEEKLY CLASS HOURS:  
LECTURE \_\_\_\_/ LAB \_\_\_\_/ HOURS PER WEEK (SEMESTER BASIS)

### H. CATALOG DESCRIPTION:

- I. FEES? YES \_\_\_\_/ NO \_\_\_\_/ IF "YES," AMOUNT: \$\_\_\_\_\_  
J. FIELD TRIPS: WILL \_\_\_\_/ MAY \_\_\_\_/ WILL NOT \_\_\_\_/ BE REQUIRED.  
K. COURSE MAY BE TAKEN: 1 \_\_\_\_/ 2 \_\_\_\_/ 3 \_\_\_\_/ 4 \_\_\_\_/ TIME(S).  
L. CO-DESIGNATION? YES \_\_\_\_/ NO \_\_\_\_/ IF "YES," SPECIFY COURSE ID: \_\_\_\_\_  
M. PREVIOUS COURSE ID? YES \_\_\_\_/ NO \_\_\_\_/ IF "YES," SPECIFY COURSE ID: \_\_\_\_\_  
N. CREDIT BASIS: CR/NC \_\_\_\_/ LETTER GRADE \_\_\_\_/ STUDENT OPTION \_\_\_\_/  
O. CREDIT BY EXAM? YES \_\_\_\_/ NO \_\_\_\_/

### III. PREREQUISITE/COREQUISITE/ADVISORY JUSTIFICATION:

- If this course has prerequisite(s), check here \_\_\_\_ and complete this section.
- If this course has corequisite(s), check here \_\_\_\_ and complete this section.
- If this course has advisory(ies), check here \_\_\_\_ and complete this section.

\*See section III for prerequisite/corequisite/advisory justification

- **If any of the boxes above are checked**, it is necessary to justify the prerequisite(s), corequisite(s), and/or advisory(ies) by providing information in at least one of the following areas.
- **If no boxes are checked above**, skip to section **IV**.

- A. **SEQUENTIAL**: List the specific skills and knowledge a student must possess in order to be ready to take the course. These skills must relate to the exit skills of the prerequisite/corequisite/advisory course(s).

To succeed in this course, the student must possess the following skills and knowledge from <prerequisite course name>:

1. <Delete this line if inappropriate; move to end of line and press ENTER to append additional items>

- B. **ADVISORY**: List the skills and knowledge a student should possess in order to be successful in the course.

To succeed in this course, the student should possess the following skills and knowledge from <advisory course name>:

1. <Delete this line if inappropriate; move to end of line and press ENTER to append additional items>

- C. **LECTURE AND LAB RELATIONSHIP**: Identify the relationship between the corequisite or advisory lecture/lab course.

- D. **STANDARD PREREQUISITE OR COREQUISITE**: List a minimum of three (3) California public colleges or universities that specify the same prerequisite or corequisite, and the course ID of the equivalent course(s) at each college or university listed.

- E. **REQUIRED OR AUTHORIZED BY STATUTE OR REGULATION**: If this is a certification requirement from an outside agency, identify the agency or organization.

- F. **FACULTY VALIDATION**: Attach copy of validation procedures.

- IV. COURSE OBJECTIVES**: Number and list objectives using measurable criteria. Listed items should begin with words such as “demonstrate,” “list,” “define,” “identify,” *etc.*

UPON SUCCESSFUL COMPLETION OF THE COURSE, THE STUDENT WILL BE ABLE TO:

- A. <Move to end of line and press ENTER to append additional items>

- V. COURSE CONTENT (MAJOR TOPICS CONSIDERED)**:

TOPICS TO BE COVERED INCLUDE, BUT ARE NOT LIMITED TO:

- A. <Move to end of line and press ENTER to append additional items>

- VI. STUDENT EVALUATION/ASSIGNMENTS**:

A. STUDENT EVALUATION: Specify whether course includes one or more of the following three elements. At least one of the three options below (items 1–3) must be answered “YES” if this is a degree appropriate course (that is, if item **VII.A** is answered “AN ASSOCIATE DEGREE CREDIT COURSE”).

1. DOES COURSE INCLUDE GRADED ESSAY(S) OR GRADED WRITTEN ASSIGNMENTS?  
YES \_\_\_\_/ NO \_\_\_\_/ IF “NO,” WHY NOT?

2. DOES COURSE INCLUDE PROBLEM-SOLVING EXAMPLES?  
YES \_\_\_\_/ NO \_\_\_\_/

3. DOES COURSE INCLUDE SKILLS DEMONSTRATION(S)?  
Answer “YES” only if a physical demonstration of a skill is required.  
YES \_\_\_\_/ NO \_\_\_\_/

4. OTHER METHODS OF EVALUATION:

B. TYPICAL INSTRUCTIONAL MATERIALS:

1. TEXT(S), LATEST EDITION OF:

2. OTHER:

C. TYPICAL OUTSIDE OF CLASSROOM ASSIGNMENTS:

1. READING:

2. WRITING:

3. OTHER:

**VII. PROPOSED OR ANTICIPATED ARTICULATION:**

A. TITLE V CLASSIFICATION: Check only one of the following blanks.

THIS COURSE IS DESIGNED TO BE:

AN ASSOCIATE DEGREE CREDIT COURSE \_\_\_\_/ A CREDIT-ONLY COURSE \_\_\_\_/

If this is an associate degree credit course then complete this section; otherwise, skip to section **VIII**.

B. FOUR-YEAR COLLEGE AND UNIVERSITY ARTICULATION:

1. IDENTIFY COLLEGES AND COURSES WITH WHICH THIS COURSE WOULD ARTICULATE.

2. IS THIS COURSE RECOMMENDED FOR TRANSFER CREDIT TO CSU? YES \_\_\_/ NO \_\_\_/
3. IS THIS COURSE RECOMMENDED FOR TRANSFER CREDIT TO UC? YES \_\_\_/ NO \_\_\_/
4. IS THIS COURSE RECOMMENDED FOR IGETC? YES \_\_\_/ NO \_\_\_/  
 IF "YES," WHAT SECTION?  
 1A \_\_\_/ 1B \_\_\_/ 1C \_\_\_/ 2A \_\_\_/ 3A \_\_\_/ 3B \_\_\_/ 4A \_\_\_/ 4B \_\_\_/ 4C \_\_\_/ 4E \_\_\_/ 4F \_\_\_/  
 4G \_\_\_/ 4H \_\_\_/ 4I \_\_\_/ 4J \_\_\_/ 5A \_\_\_/ 5B \_\_\_/ 5C \_\_\_/ 6 \_\_\_/  
 Political Science \_\_\_/ U. S. History/Economics \_\_\_/
5. IS THIS COURSE RECOMMENDED FOR INCLUSION ON THE CSU GE CERTIFICATION LIST?  
 YES \_\_\_/ NO \_\_\_/ IF "YES," WHAT SECTION?  
 A1 \_\_\_/ A2 \_\_\_/ A3 \_\_\_/ B1 \_\_\_/ B2 \_\_\_/ B3 \_\_\_/ B4 \_\_\_/ C1 \_\_\_/ C2 \_\_\_/ D0 \_\_\_/ D1 \_\_\_/  
 D2 \_\_\_/ D3 \_\_\_/ D4 \_\_\_/ D5 \_\_\_/ D6 \_\_\_/ D7 \_\_\_/ D8 \_\_\_/ D9 \_\_\_/ E \_\_\_/
6. IS THIS COURSE RECOMMENDED FOR CAN DESIGNATION? YES \_\_\_/ NO \_\_\_/

C. DISTRICT/COLLEGE ARTICULATION:

1. IS THIS COURSE RECOMMENDED FOR INCLUSION ON THE ASSOCIATE DEGREE GENERAL  
 EDUCATION LIST? YES \_\_\_/ NO \_\_\_/  
 IF "YES," WHAT SECTION?  
 A1 \_\_\_/ A2 \_\_\_/ B1 \_\_\_/ B2 \_\_\_/ C1 \_\_\_/ C2 \_\_\_/ D1 \_\_\_/ D2 \_\_\_/ E1 \_\_\_/ E2 \_\_\_/ F \_\_\_/
2. WILL THIS CHANGE AFFECT THE NUMBER OF UNITS REQUIRED FOR THE AA OR AS DEGREES?  
 YES \_\_\_/ NO \_\_\_/

VIII. DISCIPLINE ASSIGNMENT: Select from State Disciplines List

DISCIPLINE(S):

**IX. PREPARATION/REVIEW/APPROVAL INFORMATION: Signatures only (do not type or print)**

A. PREPARED BY:	_____	_____
	Faculty	Date
B. CHECKED BY TECHNICAL REVIEW SUBCOMMITTEE:	_____	_____
	General	Articulation
C. APPROVED BY DEPARTMENT AND/OR SUBJECT AREA:	_____	_____
	Department Head	Date
D. REVIEWED BY DIVISION:	_____	_____
	Division Dean	Date
E. APPROVED BY CURRICULUM COMMITTEE:	_____	_____
	Chair	Date
F. DISAPPROVED BY CURRICULUM COMMITTEE:	_____	_____
	Chair	Date
REASON FOR DISAPPROVAL:	_____	

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**For Office of Student Learning Use ONLY!**

STATIC ID \_\_\_\_\_ / TOPS\* \_\_\_\_\_ / SAM \_\_\_\_\_ / CAN NUMBER \_\_\_\_\_ /