

OXNARD COLLEGE

COURSE APPROVAL AND COURSE OUTLINE

I. PROPOSED ACTION:

- A. NEW COURSE X
REVISE CATALOG INFORMATION X
REVISE OUTLINE X
DELETE X
REINSTATE X

1st Reading _____
DCSL _____
2nd Reading _____
Governing Board _____
1st _____ 2nd _____

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

X

- C. CURRENT COURSE ID: X BANNER TITLE: X
or
PROPOSED COURSE ID: X BANNER TITLE: X

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

H. CATALOG DESCRIPTION:

X

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

III. PREREQUISITE/COREQUISITE/ADVISORY JUSTIFICATION:

- If this course has prerequisite(s), check here X and complete this section.
- If this course has corequisite(s), check here X and complete this section.
- If this course has advisory(ies), check here X 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
X <prerequisite course name>:

1. X <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
X <advisory course name>:

1. X <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.

X

- 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.

X

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

X

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

X

- 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. X <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. X <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 X / NO X / IF “NO,” WHY NOT?

X

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

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

4. OTHER METHODS OF EVALUATION:

X

B. TYPICAL INSTRUCTIONAL MATERIALS:

1. TEXT(S), LATEST EDITION OF:

X

2. OTHER:

X

C. TYPICAL OUTSIDE OF CLASSROOM ASSIGNMENTS:

1. READING:

X

2. WRITING:

X

3. OTHER:

X

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 X / A CREDIT-ONLY COURSE X /

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.

X

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

C. DISTRICT/COLLEGE ARTICULATION:

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

VIII. DISCIPLINE ASSIGNMENT: Select from State Disciplines List

DISCIPLINE(S): X

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:	_____	

For Office of Student Learning Use ONLY!

STATIC ID _____ / TOPS* _____ / SAM _____ / CAN NUMBER _____ /