

CALIFORNIA STATE UNIVERSITY, EAST BAY  
COURSE MODIFICATION REQUEST

Quarter: **FALL** Year: 2015 Catalog: 2015-2016

Date Submitted to APGS: 5/14/2015

*The CSU Accessible Technology Initiative requires that all instructional materials be available in accessible formats. Departments will assure the instructional materials for the course will be accessible.*

1. **DEPARTMENT:** [Name of department or program which will offer the course]: Sociology & Social Services
  
2. **ALPHABETICAL PREFIX** [All CAPS]: SOC **COURSE NUMBER:** 4750  
*[Copy course number from course inventory. Check with Department chair, Dean/Associate Dean, or College Curriculum Coordinator.]*  
**FULL TITLE:** Child Welfare  
*[Copy exact title from course inventory. Check with Department Chair, Dean/Associate Dean, or College Curriculum Coordinator.]*  
**ABBREVIATED TITLE:** none **UNIT VALUE** of course: 4  
*[Copy exact title from course inventory. Check with Department Chair, Dean/Associate Dean, or College Curriculum Coordinator.]*
  
3. **TYPE OF MODIFICATION:** ELIMINATE AS AN ONLINE COURSE. THE COURSE WILL ONLY BE TAUGHT AS FACE-TO-FACE. NO OTHER CHANGES ARE REQUESTED.  
*[prefix, title, units, catalog description—see New Course Request for subcategories of the catalog description, and/or course inventory data. Changing a course number is not permitted. Instead, a New Course Request, using the new number and a Course Discontinuance Request, using the old number, must be submitted together.]*
  
4. **EXISTING PREFIX:** SOC  
**EXISTING TITLE:** CHILD WELFARE **PROPOSED TITLE:** NO CHANGE  
**EXISTING ABBREVIATED TITLE:** NONE **PROPOSED ABBR. TITLE:** NONE  
**EXISTING UNITS:** 4 **PROPOSED UNITS:** 4  
**EXISTING COURSE INVENTORY DATA:** C2 **PROPOSED COURSE INVENTORY DATA:** C2  
**EXISTING/ PROPOSED CATALOG DESCRIPTION:** *[Copy and paste in a separate document the existing catalog description and revise indicating deleted text using strikethrough abc (deleted text), and added text using underline U (added text). For descriptions that are heavily revised, strikethrough the entire description (deleted description) and enter the new description underneath indicated by underline (new description).]*  

No change to course description.
  
5. **EFFECTS, if any, on GENERAL EDUCATION-BREADTH REQUIREMENT(S), U.S. HISTORY-INSTITUTIONS REQUIREMENT, OR THE UNIVERSITY WRITING SKILLS REQUIREMENT.** None.  
*[Is this course approved for an area of GE? if so, which one? Is this course approved for the Code Requirement or the University Writing Skills Requirement?]*
  
6. **JUSTIFICATION FOR/PURPOSE OF** the proposed modification: *[Why does this course need to be modified? How is this course currently being used in the major, option, minor, or certificate? Will the major, an option, a minor, or a certificate need to be revised as a result of the modification of this course?]*  

**WE ARE PROPOSING THAT THIS COURSE NO LONGER TAUGHT FULLY ONLINE. WE ARE REDUCING OUR ONLINE OFFERINGS SO THAT THE TOTAL UNITS THAT A STUDENT CAN TAKE TO GRADUATE IN BOTH OPTIONS DOES NOT EXCEED 50% ONLINE, WHICH WOULD REQUIRE THAT WE SUBMIT A PROPOSAL TO BE APPROVED AS AN ONLINE DEGREE PROGRAM. WE HAVE NO DESIRE TO SUBMIT SUCH A PROPOSAL.**

7. Is this course a requirement for a major that is a "similar" degree under the STAR Act (SB 1440)? Yes X No  
[If Yes, explain how this modification will affect the "similar" degree agreement.]

Enter text here.

8. Does this modification affect this course's Student Learning Outcomes (SLOs)? Yes X No  
[List this course's SLOs here and indicate where changes may have occurred.]

**SLO1 (CRITICAL THINKING); SLO 3 (DIVERSITY AND SOCIAL JUSTICE); SLO 6 (UNDERSTAND AND INTEGRATE THEORIES, METHODS, IDEAS, IN A SPECIALIZED DISCIPLINE).**

9. **RESOURCE IMPLICATIONS:** *[With the modification of this course, is there a need for additional student fees or other resources such as faculty, facilities, equipment, and/or library resources that will not be covered by the department budget.]*

**NONE**

10. **CONSULTATION** with other affected departments and program committee:

- a) The following **department(s)** has (have) been consulted and raise **no objections**:

*[If there were no objections to this curriculum request after listing it on the Curriculum Sharepoint site for five working days, type in the following: All Academic Departments and Programs at CSUEB were consulted using the Sharepoint Curriculum site and there were no objections.]*

**ALL ACADEMIC DEPARTMENTS AND PROGRAMS AT CSUEB WERE CONSULTED USING THE SHAREPOINT CURRICULUM SITE AND THERE WERE NO OBJECTIONS.**

- b) The following **department(s)** has (have) been consulted and **raised concerns**:

*[If there were unresolved objections to this curriculum request after listing it on the Curriculum SharePoint site for five working days, indicate the objecting department or program below, along with the specific concern. If there were no unresolved objections, type in "None."]*

**NONE**

11. Certification of **DEPARTMENT APPROVAL** by the chair and faculty.

Chair: Patricia K. Jennings Date: 3/11/2015  
*[Print name of Department Chair here. Chair shall sign a hard copy for the College Office files.]*

12. Certification of **COLLEGE APPROVAL** by the dean and college curriculum committee.

Dean/Associate Dean: Dennis Chester Date: 4/13/2015  
*[Print name of Dean or Associate Dean here. A hard copy shall be signed for the College Office files.]*