



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

Office of Academic Programs • WH 440 • [creview@csudh.edu](mailto:creview@csudh.edu)

### **Course Modification Form Checklist**

Complete the following checklist and submit with the enclosed proposal form as the cover page. Indicate all areas proposed to change on the Course Modification form are required. If you have any questions regarding this checklist and/or form, please contact the Office of Academic Programs.

Proposed effective term

Current course information

Select appropriate changes and complete/attach **ALL** required information

Justification for modification

Special designations (GE, GVAR, Ethnic Studies, Service-Learning) – if applicable

Evidence of consultation with affected departments/programs

Department Chair's Impact Statement w/proof of consultation with college dean

Campus-wide sharing (Curriculum Register) synopsis



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**REQUEST FOR COURSE MODIFICATION**

**Proposer Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Dept:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Proposed Effective Term:** \_\_\_\_\_

**1. Current Course Information**

**Course Subject:** \_\_\_\_\_ **Course Number** \_\_\_\_\_ **Units:** \_\_\_\_\_ **Min.** \_\_\_\_\_ **Max.** \_\_\_\_\_

**Identify is the course is currently approved to meet a special designation/graduation requirement. (Check all that apply).**

**General Education: Area**

**Ethnic Studies**

**GWAR-certifying course**

**Service Learning**

**Course Title** (Full title as shown in university catalog): \_\_\_\_\_

**Abbreviated Course Title** (30 characters total – spaces included): \_\_\_\_\_

**Prerequisite(s):** List ALL **required** and **recommended** prerequisite courses.

**Required:**

**Recommended:**

**Co-requisite course(s):** List ALL **required** and **recommended** co-requisite courses.

**Required:**

**Recommended:**



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**Current Course description:**

**2. Proposed Modifications:** Check ALL changes that apply and complete/attach the relevant information.

**Inactivate (Freeze) Course:** The course will remain active in the catalog and People Soft, however, will not be currently offered, will listed as infrequently offered, and can be reactivated upon request.

- i. Attach rationale for course inactivation.
- ii. Will course be replaced by another course? Yes                      No  
If yes, list courses below:

Course Subject	Course Number	Course Title

- iii. Does this change affect another program/department?                      Yes                      No  
If yes, attach evidence of consultation with affected programs/departments.
- iv. For undergraduate courses, is the course currently articulated with a community college(s), other CSU, or other University? Yes                      No



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**Discontinue (Retire) Course:** This change will remove the course from the catalog and inactive it in People Soft.

- i. Attach rationale for course discontinuation.
- ii. Will course be replaced by another course? Yes                  No  
If yes, list course(s) below:

Course Subject	Course Number	Course Title

- iii. Does this change affect another program/department?                  Yes                  No  
If yes, please provide evidence of consultation with affected programs/departments.
- iv. For undergraduate courses, is the course currently articulated with a community college(s), other CSU, or other University? Yes                  No

**Course Subtopic Conversion**

- i. Attach rationale for course subtopic conversion.
- ii. Course Subject:
- iii. Course Number:
- iv. Course Title:
  - a. Abbreviated title (30-characters, includes spaces)
- v. Course Description

- vi. Does this change affect another department/program?                  Yes                  No
- vii. For undergraduate courses, is the course currently articulated with a community college(s), other CSU, or other University?                  Yes                  No



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viii. Complete and attach the [SLO-PLO matrix](#).

ix. If this course will be used as part of a program, complete a [Program Modification form](#)

**Course Subject:**

**Course Number:**

**Course Title** (as it should appear in the university catalog)

i. Abbreviated title (30 characters – includes spaces)

**Unit Value:** Complete and attach the [unit count template](#) if the change affects the total program units.

i. Min. \_\_\_\_ Max. \_\_\_\_

**Repeatable for credit**

i. Max number of units: \_\_\_\_.

ii. Max number of completions \_\_\_\_.

iii. Multiple sections in same term: Yes      No

**Course Description**



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**Prerequisite(s):** Include ALL **required** and **recommended** prerequisites.

**Required:**

**Recommended**

**Co-requisite(s):** Include ALL **required** and **recommended** co-requisites.

**Required:**

**Recommended:**

**Course Utilization:** List all academic programs where course will be utilized.

### **Special Designation/Graduation Requirement**

Complete the [special designation/graduation requirement form](#) and attach to this course form. Once completed, submit ALL documents listed below to Academic Programs ([creview@csudh.edu](mailto:creview@csudh.edu)), who will route your forms to the appropriate committee(s).

- i. Completed [Special Designation/Graduation Requirement Form](#)
- ii. Supplemental documents identified in Special Designation/Graduation Requirement form for specified area(s)
- iii. Completed course proposal form.

### **Grading Method** (Check all that apply)

A-F and CR/NC by petition

CR/NC

A-C/NC (available for undergraduate courses only)

A-C-/NC (available for undergraduate GE Basic Skills courses only)

A-B/NC (available for graduate courses only)

RP (available for graduate courses only)



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**Method of Delivery** (Check all that apply)

Face-to-face

Online

Hybrid % online \_\_\_\_\_ %face-to-face \_\_\_\_\_

Television

Off Campus

- Include preliminary list of **all** requested location/facilities

**Mode of Instruction** (Check all that apply and identify CS# and # of units.)

Lecture C/S# \_\_\_\_\_ # of units \_\_\_\_\_

Seminar C/S# \_\_\_\_\_ # of units \_\_\_\_\_

Laboratory C/S# \_\_\_\_\_ # of units \_\_\_\_\_

Activity C/S# \_\_\_\_\_ # of units \_\_\_\_\_

Production C/S# \_\_\_\_\_ # of units \_\_\_\_\_

Supervision C/S# \_\_\_\_\_ # of units \_\_\_\_\_

**Enrollment Requirements** (e.g., seniors only, restricted to majors only, etc.)

**3. Department Chair/Dean's Impact Statement**

iv. Include impact statement as an attachment as appropriate.

**4. Complete and attach the following. Please note, subsections b, c, and d should only be addressed if a change is being proposed with regards to those items.**

i. Attach rationale for the proposed modification(s) addressing the following.:

- a. the need for the course, including whether being proposed in response to academic program review or accreditation recommendations and any other relevant data and/or documentation;
- b. the level of course and prerequisites, including having NO prerequisites for a 300, 400, or 500 level course;



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- c. CR/NC only grading
  - ii. If proposing changes to course description or prerequisite or co-requisite or proposing a subtopic conversion, complete and attach the SLO to PLO [matrix](#) demonstrating how the assignments align to the SLOs and how the SLOs align to the Program Learning Outcomes.
  - iii. Does this proposal affect another department(s)      Yes      No  
If yes:
    - a. List affected department(s)
    - b. Attach evidence of consultation with the affected departments.
5. **Curriculum Register:** Include summary of changes and a summary of the rationale to be published in the Curriculum Register for campus-wide sharing.





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**NOTE:** All appropriate sections of this form, including **section 5: Curriculum Register Synopsis**, must be **COMPLETED** and **APPROVED** by the department chair and the department curriculum committee, including the department chair’s impact statement/dean’ impact statement as appropriate, must be completed prior to submission for campus-wide sharing (Curriculum Register). Submit completed proposals to Academic Programs via email ([creview@csudh.edu](mailto:creview@csudh.edu)) and copy your college curriculum committee chair and the appropriate staff person in your college.

**Faculty Proposer (Print)**

**Signature**

**Date**

**Department Chair/Program Coordinator (Print)**

List names of department faculty who approved this proposal. (Note: The number of names listed must constitute a simple majority of voting faculty members in the department.)

**Signature**

**Date**

**Dept. Curriculum Com. Chair/  
Faculty Designee (Print)**

**Signature**

**Date**

**College Curriculum  
Committee Chair/Designee (Print)**

**Signature**

**Date**

**University Curriculum  
Committee Chair (Print)**

**Signature**

**Date**

**VPAA/Designee (Print)**

**Signature**

**Date**