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| For Academic Affairs and Research Use Only | |
| CIP Code: |  |
| Degree Code: |  |

**Course Revision Proposal Form**

**[ ] Undergraduate Curriculum Council**

**[x ] Graduate Council**

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

Email completed proposals to [curriculum@astate.edu](mailto:curriculum@astate.edu) for inclusion in curriculum committee agenda.

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| Evi Taylor 3/5/2019 **Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **COPE Chair (if applicable)** |
| Evi Taylor 3/5/2019 **Department Chair:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Head of Unit (If applicable)** |
| Evi Taylor 3/6/2019 **College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Undergraduate Curriculum Council Chair** |
| Susan Hanrahan 3/7/2019 **College Dean** |  |
| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **General Education Committee Chair (If applicable)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Vice Chancellor for Academic Affairs** |

1. Contact Person (Name, Email Address, Phone Number)

Dr. Cheryl Knight [cknight@astate.edu](mailto:cknight@astate.edu) 870-219-4333

2. Proposed Starting Term and Bulletin Year for Change to Take Effect

Spring 2020

3. Current Course Prefix and Number

SW6053

3.1 – **[Yes / No] No** Request for Course Prefix and Number change

If yes, include new course Prefix and Number below. *(Confirm that number chosen has not been used before. For variable credit courses, indicate variable range. Proposed number for experimental course is 9. )*

Enter text...

3.2 – **Yes / No** If yes, has it been confirmed that this course number is available for use?

*If no: Contact Registrar’s Office for assistance.*

4. Current Course Title

Clinical Practicum with Groups

4.1 – **[Yes / No]** **Yes** Request for Course Title Change

If yes, include new Course Title Below.

Clinical Practice with Groups and Families

1. If title is more than 30 characters (including spaces), provide short title to be used on transcripts. *Title cannot have any symbols (e.g. slash, colon, semi-colon, apostrophe, dash, and parenthesis).*

Groups and Families

1. Please indicate if this course will have variable titles (e.g. independent study, thesis, special topics).

Enter text...

5. – **[Yes / No ] Yes** Request for Course Description Change.

If yes, please include brief course description (40 words or fewer) as it should appear in the bulletin.

Focus on theory and practice of rural-based clinical social work practice with groups; with an emphasis on the family as a specialized group. Students will master group work interventions and techniques with a wide range of populations.

6. – [**Yes / No** ] **Yes** Request for prerequisites and major restrictions change.

*(If yes, indicate all prerequisites. If this course is restricted to a specific major, which major. If a student does not have the prerequisites or does not have the appropriate major, the student will not be allowed to register).*

1. **Yes / No** **Yes** Are there any prerequisites?
   1. If yes, which ones?

This course is restricted to Graduate Social Work Students

* 1. Why or why not?

This is a graduate course in the Department of Social Work

1. **Yes / No** **Yes** Is this course restricted to a specific major?
   1. If yes, which major? Graduate Social Work Students

7. – [**Yes / No** ] **No** Request for Course Frequency Change(e.g. Fall, Spring, Summer). *Not applicable to Graduate courses.*

a. If yes, please indicate current and new frequency:

Enter text...

8. – [**Yes / No** ] **No** Request for Class Mode Change

*If yes, indicate if this course will be lecture only, lab only, lecture and lab, activity, dissertation, experiential learning, independent study, internship, performance, practicum, recitation, seminar, special problems, special topics, studio, student exchange, occupational learning credit, or course for fee purpose only (e.g. an exam)? Please* *indicate the current and choose one.*

Enter text...

9. – [**Yes / No** ] **No** Request for grade type change

*If yes, what is the current and the new grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])*

Enter text...

10. **Yes / No** **No** Is this course dual listed (undergraduate/graduate)?

a. If yes, indicate course prefix, number and title of dual listed course.

Enter text...

11. **Yes / No** **No** Is this course cross listed?

*(If it is, all course entries must be identical including course descriptions. Submit appropriate documentation for requested changes. It is important to check the course description of an existing course when adding a new cross listed course.)*

**11.1** – If yes, please list the prefix and course number of cross listed course.

Enter text...

**11.2** – **Yes / No** Are these courses offered for equivalent credit?

Please explain. Enter text...

12. **Yes / No** **No** Is this course change in support of a new program?

a. If yes, what program?

Enter text...

13. **Yes / No** **Yes** Does this course replace a course being deleted?

a. If yes, what course?

SW 6043 Clinical Practice with Families is being combined with SW 6053 Clinical Practicum with Groups

14. **Yes / No** **Yes** Will this course be equivalent to a deleted course or the previous version of the course?

a. If yes, which course?

SW 6043 Clinical Practice with Families is being combined with SW 6053 Clinical Practicum with Groups

15. **Yes / No** Does this course affect another program?

If yes, provide confirmation of acceptance/approval of changes from the Dean, Department Head, and/or Program Director whose area this affects.

Enter text...

16. Does this course require course fees? **No**

*If yes: Please attach the New Program Tuition and Fees form, which is available from the UCC website.*

**Revision Details**

17. Please outline the proposed revisions to the course.

*Include information as to any changes to course outline, special features, required resources, or in academic rationale and goals for the course.*

Theory and interventions for families as a specialized group will be added to the course. Families are a group with unique dynamics and will be included in the course material throughout the semester. Therapeutic models and interventions utilized in family therapy will be explored. .

18. Please provide justification to the proposed changes to the course.

SW 6053 Clinical Practicum with Groups and SW 6043 Clinical Practice with Families have overlapping content due in part to the fact that families are a specialized group. Combing the two courses eliminates redundancy without diluting content.

19. **Yes / No** **Yes** Do these revisions result in a change to the assessment plan? **NO**

*\*If yes: Please complete the Assessment section of the proposal on the next page.*

*\*If no: Skip to Bulletin Changes section of the proposal.*

***\*See question 19 before completing the Assessment portion of this proposal.***

**Assessment**

**Relationship with Current Program-Level Assessment Process**

20. What is/are the intended program-level learning outcome/s for students enrolled in this course? Where will this course fit into an already existing program assessment process?

21. Considering the indicated program-level learning outcome/s (from question #23), please fill out the following table to show how and where this course fits into the program’s continuous improvement assessment process.

*For further assistance, please see the ‘Expanded Instructions’ document available on the UCC - Forms website for guidance, or contact the Office of Assessment at 870-972-2989.*

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| **Program-Level Outcome 1 (from question #23)** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Assessment Measure |  |
| Assessment  Timetable | What semesters, and how often, is the outcome assessed? |
| Who is responsible for assessing and reporting on the results? |  |

*(Repeat if this new course will support additional program-level outcome*

**Course-Level Outcomes**

22. What are the course-level outcomes for students enrolled in this course and the associated assessment measures?

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| **Outcome 1** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Which learning activities are responsible for this outcome? |  |
| Assessment Measure |  |

*(Repeat if needed for additional outcomes)*

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| **Outcome 2** |  |
| Which learning activities are responsible for this outcome? |  |
| Assessment Measure | |  | | --- | |  | |  | |

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| **Outcome 3** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Which learning activities are responsible for this outcome? |
| Assessment Measure | |  | | --- | |  | |

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| **Outcome 4** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Which learning activities are responsible for this outcome? | List learning activities. |
| Assessment Measure |  |

**Bulletin Changes**

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| **Instructions** |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Follow the following guidelines for indicating necessary changes.**  **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.**  - Deleted courses/credit hours should be marked with a red strike-through (~~red strikethrough~~)  - New credit hours and text changes should be listed in blue using enlarged font (blue using enlarged font).  - Any new courses should be listed in blue bold italics using enlarged font (***blue bold italics using enlarged font***)  *You can easily apply any of these changes by selecting the example text in the instructions above, double-clicking the ‘format painter’ icon 🡪 , and selecting the text you would like to apply the change to.*  *Please visit* [*https://youtu.be/yjdL2n4lZm4*](https://youtu.be/yjdL2n4lZm4) *for more detailed instructions.* |

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| **University Requirements:** |  |
| See Graduate Degree Policies for additional information (p. 47) |  |
| **Foundation Curriculum** | **Sem. Hrs.** |
| SW 5003, Human Behavior and the Social Environment I | 3 |
| SW 5023, Foundations of Social Work Practice I | 3 |
| SW 5043, Foundations of Social Work Practice II | 3 |
| SW 5053, Social Welfare Policy and Services | 3 |
| SW 5063, Social Justice and Diversity | 3 |
| SW 5333, Human Behavior and the Social Environment II | 3 |
| SW 5803, Full-time Foundation Field I | 3 |
| SW 5813, Full-time Foundation Field II | 3 |
| Social Work Elective | 3 |
| **Sub-total** | **27** |
| **Concentration Curriculum:** | **Sem. Hrs.** |
| SW 6003, Psychopathology for Social Workers | 3 |
| SW 6013, Social Work Ethics | 3 |
| SW 6023, Social Work Evaluation and Research | 3 |
| SW 6033, Clinical Practice with Individual | 3 |
| ~~SW 6043, Clinical Practice with Families~~ | ~~3~~ |
| SW 6053, Clinical Practice with Groups and Families | 3 |
| SW 6063, Social Work Policy Analysis | 3 |
| SW 6073, Integrative Research Project | 3 |
| *SW 6083, Trauma Focused Practice* | *3* |
| Select one of the following options:  Option 1:  SW 6803, Full-time Advanced Field I  SW 6813, Full-time Advanced Field II  Option 2:  SW 681V, Part-time Advanced Field I  SW 682V, Part-time Advanced Field II  SW 683V, Part-time Advanced Field III  SW 684V, Part-time Advanced Field IV | 6 |
| Social Work Elective | 3 |
| **Sub-total** | **~~36~~  33** |
| Total Required Hours | ***~~63~~ 60*** |