

December 18, 2012

Memorandum:

To:

Professor Ken Struckmeyer: Executive Secretary Faculty Senate

From:

Gregory Kessler: Professor and Director, School of Design and Construction

Subject:

Course Prefix Proposal

Ken, as you know the new School of Design Construction was formally established July 1st 2012. The major focus of the new school is to offer collaborative design and construction education to all four disciplines in the school. As such we are moving forward in developing a series of courses that will provide for high quality integrative education for our students.

As we develop these courses, it is important that the prefix for these courses represent the intent of the school. Rather than crosslisting these courses we are requesting to establish a new course prefix of SDC. This prefix will be used for all the collaborative courses in the school while we will retain the existing discipline specific prefixes for courses the focus on disciplinary skills. We anticipate that there will eventually be in the range of twelve courses or so that will ultimately have the new SDC prefix.

Once this request is approved we will then be forwarding to you this spring semester the first series of courses for approval under the SDC prefix.

Thanks for your consideration of this request and if you have questions please do not hesitate to contact me.

Washington State University MAJOR CURRICULAR CHANGE FORM - - COURSE (Submit original signed form and ten copies to the Registrar's Office, zip 1035.)

Future Effective Date: 08/16/20 (effective date cannot be retro		Temporary course
☐ Variable credit	Repeat credi	it (cumulative maximum hours)
☐ Increase credit (former credi	t Lecture-lab	ratio (former ratio)
☐ Number (former number	Prefix (form	ner prefix none
Crosslisting (between WSU (Must have both departments	l signatures)	listing (UI prefix and number) WSU U UI jointly taught U
☐ Conjoint listing (400/500)	☐ S, F grading	
Request to meet Writing in the Major [M] requirement (Must have All-University Writing Committee Approval)		
Professional course (Pharma	cy & Vet Med only) Graduate cre	proval)
✓ Other (please list request) see attached		
course prefix course no.	titl	e
credit lecture hrs lab hrs studi per week per week per v Description (20 words or less)		prerequisite
Instructor:	Phone number:	Email:
		Email:
- Please attach rationale for your request, a current and complete syllabus, and explain how this impacts other units in Pullman and other branches (if applicable) Secure all required signatures and provide 10 copies to the Registrar's Office. Chair/date Dean/date General Education Com/date Chair (if crosslisted/interdisciplinary)* Graduate Studies Com/date		
All-University Writing Com/date		
If the proposed change impacts or involves collaboration with other units, use the additional signature lines provided for each impacted unit and college.		