

California State University, Long Beach
General Education Action Request

Instructions: Complete and submit all pages

I. Course Identification

Dept. Prefix and Course Number: _____ Official Course Title: _____
 Course Cross Listed: Yes No College: _____ Dept. Prefix & Course Number: _____

II. Course Coordinator

Faculty member(s) responsible for this course and this report: _____
 Phone: _____ Email: _____

III. Course History

Frequency of offering during past three years:
 Every semester Once a year Other (describe) _____
 Number of sections per offering _____ Number of instructors teaching the course _____

IV. Catalog Description (including prerequisites) If existing course, provide photocopy from catalog. If changes have occurred since catalog publication, attach signed Course Change Form.

V. Requested GE Categories (✓ all applicable, but only 1 per category)

Check "Add" if new to category; "Delete" if removing from category; "Continue" if PREVIOUSLY APPROVED BY GEGC, and there are no substantial changes.

<u>Add</u>	<u>Delete</u>	<u>Continue</u>	Foundations:		Upper Division Capstones (F):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written Communication (A.1)		<u>Add</u> <u>Delete</u> <u>Cont.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral Communication (A.2)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Interdisciplinary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Critical Thinking (A.3)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Advanced Skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mathematics/Quant. Reasoning (B.2)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Service Learning
			Explorations:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Writing Intensive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life Sciences (B.1.a)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Integrative Learning*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life Sciences No Lab (B.1.a.NL)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Sciences (B.1.b)		*For majors only
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Sciences No Lab (B.1.b.NL)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Arts (C.1)		Additional Requirements:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humanities: Literature (C.2.a)		<u>Add</u> <u>Delete</u> <u>Cont.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humanities: Philosophy (C.2.b)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Human Diversity:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humanities: Foreign Lang. (C.2.c)		Consider for HD Status
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Humanities (C.3)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Global Issues:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U.S. History (D.1.a)		Consider for Global Status
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Const. & American Ideals (D.1.b)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Sciences & Citizenship (D.2)		➤ Course may be Human Diversity or
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifelong Learning & Self-Dev. (E)		Global Issues, not both

VI. Essential GE Skills

Regardless of GE Category, each course must address GE Essential Skills. These are the GE Skills used for assessment in departmental progress reports. For more clarification on each skill, please see the description of the [Essential GE Skills](#) and their associated learning outcomes.

Level of emphasis in this course:

Using the list below, check the box indicating the extent to which each skill is addressed in this course. For the primary level of emphasis there should be a **minimum of two (2) skills, but no more than three (3) identified**. Depending on the GE approval requested some GE Essential Skills will be pre-determined for the primary level of emphasis, please consult the [Essential GE Skills](#) table for assistance. We also ask you to identify skills that are a secondary level of emphasis (these skills are addressed in the course, but are not the primary emphasis). **Please leave blank any skills that are not a primary or secondary emphasis.** Please keep in mind that the ratings below determine the assessment in your departmental annual report on assessment and program self-study.

<u>Primary</u>	<u>Secondary</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Written Communication
<input type="checkbox"/>	<input type="checkbox"/>	Oral Communication
<input type="checkbox"/>	<input type="checkbox"/>	Critical Thinking
<input type="checkbox"/>	<input type="checkbox"/>	Quantitative Reasoning
<input type="checkbox"/>	<input type="checkbox"/>	Information Literacy
<input type="checkbox"/>	<input type="checkbox"/>	Teamwork
<input type="checkbox"/>	<input type="checkbox"/>	Inquiry and Analysis
<input type="checkbox"/>	<input type="checkbox"/>	Intercultural Knowledge
<input type="checkbox"/>	<input type="checkbox"/>	Ethical Reasoning
<input type="checkbox"/>	<input type="checkbox"/>	Creativity and Discovery
<input type="checkbox"/>	<input type="checkbox"/>	Foundation & Skills for Lifelong Learning
<input type="checkbox"/>	<input type="checkbox"/>	Interdisciplinary Learning
<input type="checkbox"/>	<input type="checkbox"/>	Social Responsibility and Civic Engagement
<input type="checkbox"/>	<input type="checkbox"/>	Problem Solving

VII. Checklist for Required Supporting Materials

Please observe page limits where given. Pages from all supporting materials must be numbered consecutively. Page #s may be handwritten. Provide the materials requested in the order listed. The materials to be submitted depend on the action requested.

FILL IN ONLY ONE BOX BELOW.

Requested Action: Approve Course for GE Status		
Course New to GE		
<input type="checkbox"/> Standard Course Outline	<input type="checkbox"/> Proposed sample syllabus	
Modified GE Course (only for course already on GE Master Course List)		
Briefly describe change: _____		
<input type="checkbox"/> Standard Course Outline	<input type="checkbox"/> Sample RECENT Syllabi**	<input type="checkbox"/> Sample Course Materials***
Reinstatement of Decertified Course		
<input type="checkbox"/> Action Request (with signatures)	<input type="checkbox"/> Standard Course Outline	<input type="checkbox"/> Sample Syllabi**
<input type="checkbox"/> Sample Course Materials***		

** Syllabi: Include 1 for single-sectioned courses; 2 from different instructors if multi-sectioned course

*** Sample Materials should make clear how SLOs are taught and assessed. DO NOT include entire exams, etc. but sample essay prompts, assignment guidelines, etc. for each SLO.

VIII. Review of Existing GE Courses for Decertification

The GEGC recommends that Department and College Curriculum Committees review proposed GE courses in the context of the Department's and College's GE Course Inventory. New GE courses should fill a demonstrated curricular need, be viable and sustainable, as well as meet the GE Essential Skills and Student Learning Outcomes. Courses not meeting these expectations should be reconsidered or considered for GE decertification.

Review conducted: Yes No

IX. Required Signatures

By signing below, the department chair, college curriculum committee chair, and the college dean/associate dean verify that they have reviewed this action request and its supplemental materials for completeness, and attest to the appropriateness of the requested action.

Chair, Department of _____	Date: _____
PRINT NAME: _____	SIGN NAME: _____

Chair, Curriculum Committee: College of _____	Date: _____
PRINT NAME: _____	SIGN NAME: _____

(Assoc.) Dean, College of _____	Date: _____
PRINT NAME: _____	SIGN NAME: _____