# 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: \( \square\) Yo	es 🗖 No College: Dep	ot. Prefix & Course Number:				
II. Course Coordinator  Faculty member(s) responsible for this course and this report:						
APPROVED BY GEGC, and  Add Delete Continue	ies egory; "Delete" if removing from categord there are no substantial changes.  First Year Experience GE: Written Communication (A.1) Oral Communication (A.2) Critical Thinking (A.3)	ory; "Continue" if PREVIOUSLY  Upper Division Requirements: Add Delete Cont.  Category B Category C Category D				
	Mathematics/Quant. Reasoning (B.2)  Explorations:  Life Sciences (B.1.a)  Life Sciences No Lab (B.1.a.NL)  Physical Sciences (B.1.b)  Physical Sciences No Lab (B.1.b.NL)  The Arts (C.1)  Humanities: Literature (C.2.a)  Humanities: Philosophy (C.2.b)	Capstones (F):  Add Delete Cont.  Interdisciplinary  Advanced Skills  Service Learning Writing Intensive Integrative Learning*  *For majors only				
	Humanities: Foreign Lang. (C.2.c) U.S. History (D.1.a) Const. & American Ideals (D.1.b) Social Sciences & Citizenship (D.2) Lifelong Learning & Self-Dev. (E)	Additional Requirements:  Add Delete Cont.  Human Diversity: Consider for HD Status  Global Issues: Consider for Global Status  Course may be Human Diversity or 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 <a href="Essential GE Skills">Essential GE Skills</a> 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, your proposal must include a <u>minimum of two (2) skills, but no more than three (3)</u> identified. These primary skills should be reflected in your Student Learning Outcomes (SLO). Depending on the GE approval requested, some GE Essential Skills will be pre-determined for the primary level of emphasis, please consult the <u>Essential GE Skills</u> table for assistance. Please list any essential skills that are a secondary level of emphasis (these skills are addressed in the course, but are not the primary emphasis). Secondary skills do not have to be reflected in your SLOs. 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>	
		Written Communication
		Oral Communication
		Critical Thinking
		Quantitative Reasoning
		Information Literacy
		Teamwork
		Inquiry and Analysis
		Intercultural Knowledge
		Ethical Reasoning
		Creativity and Discovery
		Foundation & Skills for Lifelong Learning
		Interdisciplinary Learning
		Social Responsibility and Civic Engagement
		Problem Solving
		Global Learning

## VII. All General Education Action Request (GEAR) forms must include the Standard Course Outline.

# VIII. Department and College Review of GE Courses

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.

### 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:	

Submit Electronically

Revised 12/12/2017