**Courses of Study**

**Course Change Proposal Form**

(4/15/2022)

The Courses of Study (COS) Committee meets monthly and reviews proposals on a rolling basis. COS-approved proposal forms and supporting materials are distributed to the full GSE faculty one week prior to the GSE faculty meeting for consideration and a vote. Please refer to the COS Faculty Guidance Sheet for more information on COS form preparation. Completed COS forms should be emailed to the COS Committee chairperson.

**INSTRUCTIONS**

This form can be used to propose multiple changes to a course or changes that significantly alter the course design and/or delivery. If you are proposing a single change, consider using the minor modifications form. Fill out a separate form for program changes, even if both are linked.

Complete all applicable fields where changes are being proposed. Include a clear rationale for the proposed change. Mark NA (not applicable) for those fields where no changes are proposed. Type directly into the expandable boxes. Do not convert this document to a pdf file. Sections:

1. Type of Change
2. Impact
3. Diversity, Equity, Inclusion & Social Justice
4. Submission Checklist
5. Approved Actions
6. **TYPE OF CHANGE**

**Current course name and number**

|  |
| --- |
|  |

[ ]  **Title** [ ]  **NA**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** (80 character maximum including spaces) | **RATIONALE:** |

[ ]  **Abbreviated Title** [ ]  **NA**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** (20 character maximum including spaces) | **RATIONALE:** |

[ ]  **Credits** [ ]  **NA**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[x]  **GSE Catalog Description (Follow the COS template)** [ ]  **NA**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[x]  **Course Delivery** [ ]  **NA**

Options: Face-to-Face, Hybrid, Online Synchronous, Online/Asynchronous, Online Mixed Synchronous and Asynchronous, Converged Learning (students choose to attend in-person or online).

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[x]  **Pre-requisite/other Requirement** [ ]  **NA**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[ ]  **Other-1 (specify):**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[ ]  **Other-2 (specify):**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[ ]  **Other-3 (specify):**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

1. **IMPACT**

# Intended Impact. What are the intended, positive benefits to making the proposed change(s)?

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# Additional Effects- GSE. How might the proposed changes impact other courses/programs at the GSE? Is there potential to reduce or enhance enrollment in other program or courses? Will the changes impact GSE staffing in any way What are possible unintended effects?

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# Additional Effects- Rutgers. Will the changes impact programs in other Rutgers units? What University programs are most similar and how does this program distinguish itself from them?

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1. **DIVERSITY, EQUITY, INCLUSION & SOCIAL JUSTICE**

What actions have been taken to retain or enhance the GSE’s commitment to diversity, equity, inclusion, and social justice, in the proposed course changes?

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# SUBMISSION CHECKLIST

# Submit a revised control sheet for modifications to courses that affect the program control sheet. Consult the Office of Student & Academic Services (OSAS) for guidance.

# For courses that will be a requirement in a state licensure program, submit all necessary state paperwork. Consult the Associate Dean and Director of Teacher Education for guidance.

# If this course is being offered in conjunction with a non-Rutgers legacy unit, the implications should be discussed with the Office of Strategic Alliances and Online Programs (SAOP) and the Office of Administration and Personnel (OAP).

1. **APPROVED ACTIONS**

Typed signatures are sufficient for this COS form. Do not convert this form to a pdf file.

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| --- |
| **DEPARTMENT OR SCHOOLWIDE** **PROGRAM** |
| Change proposed by:  |  |
| Date approved:  |  |
| Signature of Chair or Director:  |  |
|  |  |
| **COURSES OF STUDY** |  |
| Date considered:  |  |
| Action: |  |
| Signature of Chair: |  |
| Date dept or program notified: |  |
|  |
| **FACULTY ACTION** |  |
| Date circulated: |  |
| Date considered:  |  |
| Action: |  |

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