

Draft- 3-9-10

William Paterson University**Course Review Form
University Core Curriculum**

Date Received in Senate Office _____

I. DEPARTMENT INFORMATION

Department: _____

Chairperson _____ Phone ext. _____

Email: _____

II. COURSE INFORMATION The course outline must be submitted along with this form.

1. Subject Code, Number (4 digits) and Title: _____

2. Credit Hours _____

3. Course Description:

4. Estimated sections to be offered:

_____ Fall semester

_____ Winter semester

_____ Spring Semester

_____ Summer Semester

_____ Frequency (i.e., every year; every other year) Describe _____

Additional Considerations: (explain)

III. UCC Area for Review

Check the UCC area proposed for inclusion. If the course is to be proposed for more than one requirement, submit a separate form for each one.

Area One **PERSONAL WELL-BEING**

Area Two **EXPRESSION (also check below)**

Arts and Communication

Writing

Literature

Area Three **WAYS OF KNOWING (also check below)**

Philosophical Perspectives

Historical Perspectives

Social and Behavioral Sciences

Scientific Perspectives

Quantitative Thinking

Area Four **DIVERSITY AND JUSTICE**

Area Five **COMMUNITY AND CIVIC ENGAGEMENT**

Area Six **GLOBAL AWARENESS**

IV. Technology Intensive Designation

Check whether or not this course may seek a Technology Intensive Designation.

All sections of this course are proposed to be Technology Intensive.

Some sections of this course are proposed to be Technology Intensive.

No sections of this course are proposed to be Technology Intensive.

V. Writing Intensive Designation

Check whether or not this course may seek a Writing Intensive Designation.

All sections of this course are proposed to be Writing Intensive.

Some sections of this course are proposed to be Writing Intensive.

No sections of this course are proposed to be Writing Intensive.

VIII. Description and Assessment

Explain how the course meets each of the UCC outcomes for the requirement checked in section VII. For each:

- a. Identify the SLO and explain how the course meets the outcome
- b. Describe in general terms the method(s) of evaluation used in the course
- c. Describe how the SLO will be assessed

IX. Recommendation of the Review Panel

_____ Approve

_____ Approve pending revisions

_____ Do not approve

Review Panel Concerns: (a brief explanation for non-approval is provided)

X.ACTION

Approved by Department _____
Chairperson and date

Approved by College Curriculum Committee _____
Chairperson and date

Approved by Dean _____
Dean and date

Approved by General Education Council _____
Chairperson and date

Approved by Provost's Office _____
Signature and date