

EASTERN MICHIGAN UNIVERSITY  
DIVISION OF ACADEMIC AFFAIRS

REQUEST FOR NEW COURSE

DEPARTMENT: FOREIGN LANGUAGES AND BILINGUAL STUDIES

COLLEGE: CAS

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**A. Rationale/Justification for the Course**

The Michigan Department of Education has issued new guidelines for the preparation of foreign language Teachers, most notable of which is a stronger emphasis on German cultures and civilizations. Students must demonstrate knowledge of the various cultural and linguistic groups and countries of German-speaking Europe. This new course intends to reflect these changes to assure the required level of competence and performance.

**B. Course Information**

**German 366**

1. Subject Code and Course Number: \_\_\_\_\_

2. Course Title: The Cultures of German-Speaking Europe

3. Credit Hours: 3

4. Catalog Description (Limit to approximately 50 words.):

Compares and analyses the history, the culture, and regional varieties of German in Germany, Austria, Switzerland, Lichtenstein, Northern Italy, parts of Belgium, Luxemburg, Rumania. Students will compare the societal and historical facts and their implications in the European Union. Discussions, presentations, and papers.

*In German*

5. Prerequisites: (List by Subject Code, Number and Title.) Students MUST complete prerequisites before they can take this course.

German 343, German Composition on Cultures and Civilization \_\_\_\_\_

German 344, German Phonetics and Conversation \_\_\_\_\_

6. Corequisites: (List by Subject Code, Number and Title.) Students MUST take corequisites at the same time as they are taking this course.

NA \_\_\_\_\_

\_\_\_\_\_

7. Concurrent Prerequisites: (List by Subject Code, Number and Title.) Students MUST take concurrent prerequisites EITHER before or at the same time as they are taking this course.

NA

\_\_\_\_\_

\_\_\_\_\_

8. Equivalent Courses: (List by Subject Code, Number and Title) Students may not earn credit for both a course and its equivalent.

NA

9. Course Restrictions:

a. Academic/Class Level (Check all those who **will be allowed** to take the course as part of their academic program.):

Undergraduate

Freshperson \_\_\_\_\_  
 Sophomore  X   
 Junior  X   
 Senior  X

Graduate

Certificate \_\_\_\_\_  
 Masters \_\_\_\_\_  
 Specialist \_\_\_\_\_  
 Doctoral \_\_\_\_\_

**Note: Only** 400-level undergraduate courses can be taken by graduate students as part of their graduate program. **Only** Certificate And Masters students may take these courses. If this is a 400-level course to be offered for graduate credit, attach Approval Form for 400-level Course for Graduate Credit.

**Note: Only** 500-level graduate courses can be taken by undergraduate students.

b. Will only students in certain majors/programs be allowed to take this course? Yes \_\_\_\_\_ No  X

If yes, list the majors/programs

\_\_\_\_\_  
 \_\_\_\_\_

c. Will Departmental Permission be Required? Yes \_\_\_\_\_ No  X

(Note: Department permission requires the department to enter authorization for every student registering.)

d. Is admission to a specific College Required?

College of Business Yes \_\_\_\_\_ No  X   
 College of Education Yes \_\_\_\_\_ No  X

10. Will the course be offered for General Education credit? Yes \_\_\_\_\_ No  X

If yes, attach Request for Approval of a General Education Course.

### C. Relationship to Existing Courses

**Within the Department:**

11. Will this course will be a requirement or restricted elective in any **existing** program(s)? Yes  X  No \_\_\_\_\_

If yes, list the programs and attach a copy of the programs that clearly shows the place the new course will have in the curriculum.

Program  German Major / German Teaching Certificate  Required  X  Restricted Elective \_\_\_\_\_

Program  German Minor  Required \_\_\_\_\_ Restricted Elective  X

12. Will this course replace an existing course? Yes \_\_\_\_\_ No  X

**NOTE: Complete #13 only if the answer to #12 is “Yes.” Complete #14 only if the answers to #12 and #13b are both “Yes.”**

13. (Complete only if the answer to #12 is “Yes.”)

a. Subject Code, Number and Title of course to be replaced:

\_\_\_\_\_

b. Will the course to be replaced be deleted? Yes \_\_\_\_\_ No \_\_\_\_\_

**14. (Complete only if the answers to #12 and #13b are both "Yes.") If the replaced course is to be deleted, it is not necessary to submit a Request for Graduate and Undergraduate Course Deletion.**

- a. When is the last time it will be offered? Term \_\_\_\_\_ Year \_\_\_\_\_
- b. Is the course to be deleted required by programs in other departments?  
Contact the Course and Program Development Office if necessary. Yes \_\_\_\_\_ No \_\_\_\_\_
- c. If yes, do the affected departments support this change? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach letters of support. If no, attach letters from the affected department explaining the lack of support, if available.

**Outside the Department:** The following information must be provided. Contact the Course and Program Development office for assistance if necessary.

15. Are there similar courses offered in other University Departments? Yes \_\_\_\_\_ No X \_\_\_\_\_  
If yes, list courses by Subject Code, Number and Title

\_\_\_\_\_

\_\_\_\_\_

16. If similar courses exist, do the departments in which they are offered support the proposed course?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach letters of support from the affected departments. If no, attach letters from the affected department explaining the lack of support, if available.

**D. Course Requirements**

17. Attach a detailed Sample Course Syllabus including:

- a. Course goals, objectives and/or expected student outcomes
- b. Outline of the content to be covered
- c. Student assignments including presentations, research papers, exams, etc.
- d. Method of evaluation
- e. Grading scale (if a graduate course, include graduate grading scale)
- f. Special requirements
- g. Bibliography, supplemental reading list
- h. Other pertinent information.

**E. Cost Analysis** (Complete only if the course cannot be implemented without additional University resources. Fill in Estimated Resources for the sponsoring department(s). Attach separate estimates for other affected departments.)

Estimated Resources:	Year One	Year Two	Year Three
Faculty / Staff	\$ _____	\$ _____	\$ _____
SS&M	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

## F. Action of the Department/College

### 1. Department

Vote of department faculty: For \_\_\_\_\_ Against \_\_\_\_\_ Abstentions \_\_\_\_\_  
(Enter the number of votes cast in each category.)

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

### 2. College/Graduate School

#### A. College

\_\_\_\_\_  
College Dean Signature

\_\_\_\_\_  
Date

#### B. Graduate School

\_\_\_\_\_  
Associate Dean Signature

\_\_\_\_\_  
Date

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## G. Approval

\_\_\_\_\_  
Assistant Vice-President for Academic Services Signature

\_\_\_\_\_  
Date