

## REQUEST FOR COURSE REVISIONS

TYPE OF REVISION: (CHECK ALL THAT APPLY.)

\_\_\_\_\_ COURSE NUMBER/SUBJECT CODE

XXX Course Title

XXX Credit Hours

XXX Course Description

\_\_\_\_\_ Prerequisite/Corequisite

\_\_\_\_\_ Restriction

DEPARTMENT: FOREIGN LANGUAGES AND BILINGUAL STUDIES

COLLEGE: ARTS AND SCIENCES

DEPARTMENT CONTACT: GEOFFREY M. VOGHT

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**DIRECTIONS: COMPLETE SECTION A AND SECTIONS B1a, B2a, B3a B4a, B9, B10 AND B11. COMPLETE ONLY THE REMAINING PARTS OF SECTION B THAT CONCERN THE REVISIONS CHECKED ABOVE. FOR ASSISTANCE CONTACT THE COURSE AND PROGRAM DEVELOPMENT OFFICE.**

**Rationale for Revision: The State of Michigan's Department of Education is significantly increasing requirements for students to become certified to teach foreign languages in Michigan public schools. The increase in contact hours and credit hours at the intermediate level will help our students meet the higher language proficiency requirements needed to gain state certification and to obtain jobs in Michigan public schools. The changes in title and description will avoid confusion some students have had in distinguishing between SPNH 202 and SPNH 201, the two semesters of second-year Spanish language at EMU.**

### B. Course Information

1. a) Current Subject Code and Course Number: SPNH 202

b) (If new) Proposed Subject Code and Course Number: \_\_\_\_\_

2. a) Current Course Title: Intermediate Spanish

b) (If new) Proposed Course Title: Intermediate Spanish II

3. a) Current Credit Hours: Three (3) semester hours of academic credit

b) (If new) Proposed Credit Hours Four (4) semester hours of academic credit

4. a) Current Catalog Description:

A review of Spanish grammar, frequent simple written compositions, and extensive oral work. Meets three times per week and students will spend two half-hour periods per week in the laboratory. *In Spanish. Satisfies the general education foreign language composition requirement, Area I. Does not satisfy the general education literature requirement.*

b) (If new) Proposed Catalog Description (Limit to approximately 50 words):

Second semester of second-year Spanish focusing on a review of Spanish grammar, composition, and oral work. *In Spanish.* Regular use of language laboratory and ancillaries (e.g., workbook, compact disks, tapes and publisher Internet resources). *Satisfies the general education foreign language composition requirement, Area I. Does not satisfy the general education literature requirement.*

5. **(Complete only if prerequisites are to be changed.)** List Current and Proposed Prerequisite Courses by subject code, number and title. Students must complete prerequisites before they can take this course.

**Current:**

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**Proposed:**

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6. **(Complete only if corequisites are to be changed)** List Current and Proposed Corequisite Courses by subject code, number and title. Students must take corequisite courses at the same time as they are taking this course.

**Current:**

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**Proposed:**

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7. **(Complete only if concurrent prerequisites are to be changed.)** List Current and Proposed Concurrent Prerequisite Courses by subject code, number and title. Students must take concurrent prerequisites either before or at the same time as they are taking this course.

**Current:**

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**Proposed:**

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8. **(Complete only if course restrictions are to be changed. Complete only those sections that pertain to the restrictions that are to be changed.)** List Current and Proposed Course Restrictions. Course Restrictions limit the type of students who will be allowed to take the course.

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

**Current**

Freshperson \_\_\_\_\_  
 Sophomore \_\_\_\_\_  
 Junior \_\_\_\_\_  
 Senior \_\_\_\_\_  
 Certificate \_\_\_\_\_  
 Master's \_\_\_\_\_  
 Specialist \_\_\_\_\_  
 Doctoral \_\_\_\_\_

**Proposed**

Freshperson \_\_\_\_\_  
 Sophomore \_\_\_\_\_  
 Junior \_\_\_\_\_  
 Senior \_\_\_\_\_  
 Certificate \_\_\_\_\_  
 Master's \_\_\_\_\_  
 Specialist \_\_\_\_\_  
 Doctoral \_\_\_\_\_

**Note: Only** 400-level undergraduate courses can be taken by graduate students for credit toward their program of study.. **Only** Certificate and Masters students may take these courses. If this is a 400-level course that will now 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. Majors/Programs: (Check if course is restricted to those in specific majors/programs)

**Current**

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

**Proposed**

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

If yes, list the majors/programs

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

**Current**

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

**Proposed**

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

d. Admission to Specific College: (Check if course is restricted to those admitted to specific college.)

**Current**

College of Business: \_\_\_\_\_  
College of Education: \_\_\_\_\_

**Proposed**

College of Business: \_\_\_\_\_  
College of Education: \_\_\_\_\_

9. List all departmental programs for which this course is Required or a Restricted Elective.

Program \_\_\_\_\_ Required \_\_\_\_\_ Restricted Elective \_\_\_\_\_

Program \_\_\_\_\_ Required \_\_\_\_\_ Restricted Elective \_\_\_\_\_

10. Is this course required by programs in other departments? Yes \_\_\_\_\_ No XXX

11. 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.

12. Will the proposed revision increase/decrease credit hours in any program? Yes \_\_\_\_\_ No XXX

If yes, list the programs and provide an explanation for the increase/decrease, along with a copy of the revised program that includes the new credit hour total.

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## C. 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

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

\_\_\_\_\_  
Date

### 3. Graduate School

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

\_\_\_\_\_  
Date

## D. Approval

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

\_\_\_\_\_  
Date