

**WASHTENAW COMMUNITY COLLEGE
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

APP 132

SECTION I. SUBMISSION INFORMATION

1. Course: Discipline/No: <u>APP 132</u> Title: <u>Trade Application II</u> Start Term <u>W03</u>			
Division Code: <u>HAT</u> Department Code: <u>CIND</u> Org #: <u>14725</u> Don't publish: <input checked="" type="checkbox"/> in College Catalog <input checked="" type="checkbox"/> in Time Schedule <input checked="" type="checkbox"/> on Web Page			
2. Type of Approval: <input checked="" type="checkbox"/> Full Approval <input type="checkbox"/> Conditional Approval <hr/> <input type="checkbox"/> This proposal previously received conditional approval for the term: _____	3. Reason for Submission: This Course is being submitted for: (check all that apply) <input type="checkbox"/> New Course Approval <input checked="" type="checkbox"/> Five-year Syllabus Review <input type="checkbox"/> No changes to course <input checked="" type="checkbox"/> Major Change(s) <input type="checkbox"/> Minor Change(s)* <input type="checkbox"/> Reactivation of Inactive Course <input type="checkbox"/> Inactivation <small>*If requesting a change to a course that has conditional approval, please submit a complete syllabus.</small>		
4. Change Information: <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Minor Changes <input type="checkbox"/> Course Discipline/Number (was _____) <input type="checkbox"/> Course Title (was _____) <input type="checkbox"/> Course Description <input type="checkbox"/> Class Capacity (was: _____) <input type="checkbox"/> Pre or Co-requisites <input type="checkbox"/> Course Objectives (minor changes) <input type="checkbox"/> Distribution of Contact Hours (contact hours were: lect: _____ lab _____ clin _____ other _____) <input type="checkbox"/> Other _____ </td> <td style="width:50%; vertical-align: top;"> Major Changes <input checked="" type="checkbox"/> Credit hours (credits were: <u>04</u>) <input type="checkbox"/> Change in Grading Method <input type="checkbox"/> Total Contact Hours (total contact hours were: _____) <input type="checkbox"/> Approval for offering an Honors Section <input type="checkbox"/> Approval for offering Distance Learning Sections <input type="checkbox"/> General Education Distribution Course: Add <input type="checkbox"/> Remove <input type="checkbox"/> <input type="checkbox"/> Pre or Co-requisites (that affect other departments) </td> </tr> </table>		Minor Changes <input type="checkbox"/> Course Discipline/Number (was _____) <input type="checkbox"/> Course Title (was _____) <input type="checkbox"/> Course Description <input type="checkbox"/> Class Capacity (was: _____) <input type="checkbox"/> Pre or Co-requisites <input type="checkbox"/> Course Objectives (minor changes) <input type="checkbox"/> Distribution of Contact Hours (contact hours were: lect: _____ lab _____ clin _____ other _____) <input type="checkbox"/> Other _____	Major Changes <input checked="" type="checkbox"/> Credit hours (credits were: <u>04</u>) <input type="checkbox"/> Change in Grading Method <input type="checkbox"/> Total Contact Hours (total contact hours were: _____) <input type="checkbox"/> Approval for offering an Honors Section <input type="checkbox"/> Approval for offering Distance Learning Sections <input type="checkbox"/> General Education Distribution Course: Add <input type="checkbox"/> Remove <input type="checkbox"/> <input type="checkbox"/> Pre or Co-requisites (that affect other departments)
Minor Changes <input type="checkbox"/> Course Discipline/Number (was _____) <input type="checkbox"/> Course Title (was _____) <input type="checkbox"/> Course Description <input type="checkbox"/> Class Capacity (was: _____) <input type="checkbox"/> Pre or Co-requisites <input type="checkbox"/> Course Objectives (minor changes) <input type="checkbox"/> Distribution of Contact Hours (contact hours were: lect: _____ lab _____ clin _____ other _____) <input type="checkbox"/> Other _____	Major Changes <input checked="" type="checkbox"/> Credit hours (credits were: <u>04</u>) <input type="checkbox"/> Change in Grading Method <input type="checkbox"/> Total Contact Hours (total contact hours were: _____) <input type="checkbox"/> Approval for offering an Honors Section <input type="checkbox"/> Approval for offering Distance Learning Sections <input type="checkbox"/> General Education Distribution Course: Add <input type="checkbox"/> Remove <input type="checkbox"/> <input type="checkbox"/> Pre or Co-requisites (that affect other departments)		
5. Rationale: <small>Changes are being made in response to data from Assessment: yes <input type="checkbox"/> no <input type="checkbox"/></small> Align credit hours with local 190 third party billing and payment requirements.			

SECTION II. SIGNATURES

1. Department Review Will any new resources be required? No. none anticipated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> You must consult all departments that may be affected by this course. List departments contacted below and attach relevant documents. _____ Does the department support approval of this course? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Print: <u>Scott Klapper</u> Faculty/Preparer Signature: <u>Scott Klapper</u> Date: <u>10-15-02</u> Print: <u>Scott Klapper</u> Department Chair Signature: <u>Scott Klapper</u> Date: <u>10-15-02</u>			
2. Division Review Is this a curricular priority for your division? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no (Comment _____) What is the estimated enrollment? _____ Recommendation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Dean's Signature: <u>[Signature]</u> Date: <u>10/16/02</u>			
3. Curriculum Committee Review Recommendation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Curriculum Committee Chair's Signature: <u>[Signature]</u> Date: <u>3.20.03</u>			
4. Vice President for Instruction and Student Services Approval Approval <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Executive Vice President's Signature: <u>[Signature]</u> Date: <u>3/26/03</u>			
ACS Code _____	Entered in Banner <u>3/27</u>	Entered in Access <u>3/27</u>	Log File <u>3/27</u>
Approved for General Education Area/Group _____		Syllabus Date <u>200301</u>	

**WASHTENAW COMMUNITY COLLEGE
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

APP 132

SECTION III. COURSE SYLLABUS

A. COURSE DETAILS

Discipline & No.: APP 132 **Title:** Trade Application II

1. Description:

This course will enable students to understand basic pneumatics and plumbing codes. This course will also enable students to use the builder's level. This course will enable students to understand and read drawing and blue prints.

2. Credit Hours: <u>03</u> If Variable credit, Give Range: _____ to _____ credits If repeatable for credit, how many times _____	3. Contact Hours per Semester: Lecture: <u>30</u> Lab: <u>30</u> Clinical: _____ Other: _____ Total Contact Hours: <u>60</u>	4. Class Capacity: _____ <u>24</u>	5. Course Options: <input type="checkbox"/> Distance learning <input type="checkbox"/> Honors <input type="checkbox"/> P/NP Grading
---	--	---	---

6. Prerequisite(s) and/or "(("	Course	Min Grade	*Concurrent Enrollment	Test Name	Min. Score	**Level ")"	I	II	Other Prerequisites
<input type="checkbox"/>	APP 111	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	APP 112	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	APP 113	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Consent Required

7. Corequisites:

8. Course Purpose: <input checked="" type="checkbox"/> Program Requirement <input type="checkbox"/> General Education <input type="checkbox"/> Program Support <input type="checkbox"/> Basic Skills/Developmental <input type="checkbox"/> Transfer <input type="checkbox"/> Industry/Professional Dev <input type="checkbox"/> Enrichment	If a program requirement, specify the program(s) <u>Local 190 apprenticeship program</u> _____ _____	Please send syllabus for Transfer evaluation to: <input type="checkbox"/> EMU <input type="checkbox"/> UM _____ _____ _____	Accepted for transfer: <input type="checkbox"/> EMU _____ <input type="checkbox"/> UM _____ _____ _____ _____
---	--	---	---

9. Terms Course will be offered:							
Terms	Session Length (e.g. 15 weeks, 1 st 7½ weeks, etc.)	Day	Eve	Even years only	Odd years only		
<input checked="" type="checkbox"/> Fall	15 weeks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Winter	15 weeks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Spr/Summer	15 weeks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

B. MAJOR INSTRUCTIONAL UNITS

1. Plumbing code
2. Builder's level
3. Drawing and blue print reading

**WASHTENAW COMMUNITY COLLEGE
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

APP 132

C. INSTRUCTIONAL OBJECTIVES

Unit #1 Plumbing Code

The student will:

1. Describe water supply
2. Describe sanitary sewers
3. Describe storm sewers
4. Describe vents
5. Describe the sizing of these systems
6. Demonstrate knowledge of installing storm, sanitary, and water vents
7. Describe the handicap code

Unit #2 Builder's level

The student will:

1. Demonstrate knowledge of all parts of the level
2. Describe how to set up level
3. Describe how to shoot grades
4. Describe how to use story poles
5. Convert measurements to the tenths and hundredths

Unit # 3 Drawing and blue print reading

The student will:

1. Demonstrate advanced drawing
2. Demonstrate advanced blue print reading
3. Demonstrate isometric drawing
4. Demonstrate knowledge of all symbols on a legend

**WASHTENAW COMMUNITY COLLEGE
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

APP 132

2. Texts:

Title: UA materials supplied by local 190
Author: United Association Copyright Yr: _____
Publisher: _____ Est. Cost: _____

Title: _____
Author: _____ Copyright Yr: _____
Publisher: _____ Est. Cost: _____

Title: _____
Author: _____ Copyright Yr: _____
Publisher: _____ Est. Cost: _____

Title: _____
Author: _____ Copyright Yr: _____
Publisher: _____ Est. Cost: _____

Additional Texts:

3. Supplies and/or Uniforms students will have to Acquire: (e.g. calculators, uniforms, tools, etc.)

Descriptions

Cost Estimates

Descriptions	Cost Estimates
_____	_____
_____	_____
_____	_____

4. Reference Materials that will be used: (e.g. journals, books, manuals, maps, LRC reserves, etc.)

Title/Name

Location

Title/Name	Location
_____	_____
_____	_____

5. Computer Software that will be used:

Title/Name

Location

Title/Name	Location
_____	_____
_____	_____

6. Audio/Visual Materials that will be used: (e.g. films, video tapes, slides, audio tapes, CDs, etc.)

Title/Name

Location

Title/Name	Location
_____	_____
_____	_____