

MASTER SYLLABUS

Course Discipline Code & No: CON250 Title: Cabinet Shop Management and Fundamentals Effective Term F06
 Division Code: HAT Department Code: CIND Org #: 14725
 Don't publish: College Catalog Time Schedule Web Page

Reason for Submission. Check all that apply.
 New course approval Reactivation of inactive course
 Three-year syllabus review/Assessment report Inactivation (Submit this page only.)
 Course change

Change information: Note all changes that are being made. Form applies only to changes noted.

<input type="checkbox"/> Consultation with all departments affected by this course is required.	<input type="checkbox"/> Total Contact Hours (total contact hours were: _____)
<input type="checkbox"/> Course discipline code & number (was _____)* *Must submit inactivation form for previous course.	<input type="checkbox"/> Distribution of contact hours (contact hours were: lecture: _____ lab _____ clinical _____ other _____)
<input type="checkbox"/> Course title (was _____)	<input type="checkbox"/> Pre-requisite, co-requisite, or enrollment restrictions
<input type="checkbox"/> Course description	<input type="checkbox"/> Change in Grading Method
<input type="checkbox"/> Course objectives (minor changes)	<input type="checkbox"/> Outcomes/Assessment
<input type="checkbox"/> Credit hours (credits were: _____)	<input type="checkbox"/> Objectives/Evaluation
	<input type="checkbox"/> Other _____

Rationale for course or course change. Attach course assessment report for existing courses that are being changed.
 Need to offer for students that took the other four classes in Cabinet making a final tie to bring program full circle

Approvals Department and divisional signatures indicate that all departments affected by the course have been consulted.

Department Review by Chairperson New resources needed All relevant departments consulted
 Print: Peter Beal Faculty/Preparer Signature [Signature] Date: _____
 Print: Cristy Lindemann Department Chair Signature [Signature] Date: 3.28.06

Division Review by Dean
 Request for conditional approval
 Recommendation Yes No [Signature] Date: 3/29/06
 Dean's/Administrator's Signature

Curriculum Committee Review
 Recommendation _____
 Tabled Yes No _____ Date _____
 Curriculum Committee Chair's Signature

Vice President for Instruction Approval
[Signature] Date: 4/14/06
 Vice President's Signature
 Approval Yes No Conditional

Do not write in shaded area.
 Log File _____ Ecopy Banner 4/17 C&A Database 4/17 C&A Log File 3/30/06 Basic skills Contact fee

Please return completed form to the Office of Curriculum & Assessment and email an electronic copy to sjohn@wccnet.edu for posting on the website.

***Complete ALL sections which apply to the course, even if changes are not being made.**

Course: CON 250	Course title: <u>Cabinet Shop Management and Fundamentals</u>
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Credit hours: <u>3</u> If variable credit, give range: _____ to _____ credits	Contact hours per semester: <table style="width:100%"> <tr> <td></td> <td style="text-align:center"><u>Student</u></td> <td style="text-align:center"><u>Instructor</u></td> </tr> <tr> <td>Lecture:</td> <td style="text-align:center"><u>45</u></td> <td style="text-align:center"><u>45</u></td> </tr> <tr> <td>Lab:</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> </tr> <tr> <td>Clinical:</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> </tr> <tr> <td>Practicum:</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> </tr> <tr> <td>Other:</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> </tr> <tr> <td>Totals:</td> <td style="text-align:center"><u>45</u></td> <td style="text-align:center"><u>45</u></td> </tr> </table>		<u>Student</u>	<u>Instructor</u>	Lecture:	<u>45</u>	<u>45</u>	Lab:	_____	_____	Clinical:	_____	_____	Practicum:	_____	_____	Other:	_____	_____	Totals:	<u>45</u>	<u>45</u>	Are lectures, labs, or clinicals offered as separate sections? <input type="checkbox"/> Yes - lectures, labs, or clinicals are offered in separate sections <input checked="" type="checkbox"/> No - lectures, labs, or clinicals are offered in the same section	Grading options: <input type="checkbox"/> P/NP (limited to clinical & practica) <input type="checkbox"/> S/U (for courses numbered below 100) <input checked="" type="checkbox"/> Letter grades
	<u>Student</u>	<u>Instructor</u>																						
Lecture:	<u>45</u>	<u>45</u>																						
Lab:	_____	_____																						
Clinical:	_____	_____																						
Practicum:	_____	_____																						
Other:	_____	_____																						
Totals:	<u>45</u>	<u>45</u>																						

Prerequisites. Select one:

College-level Reading & Writing
 Reduced Reading/Writing Scores (Add information at Level I prerequisite)
 No Basic Skills Prerequisite (College-level Reading and Writing is not required.)

In addition to Basic Skills in Reading/Writing:

Level I (enforced in Banner)

Course	Grade	Test	Min. Score	Concurrent Enrollment <small>(Can be taken together)</small>	Corequisites <small>(Must be enrolled in this class also during the same semester)</small>
<u>CON 175</u>	<u>C</u>	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____	<input type="checkbox"/>	_____

Level II (enforced by instructor on first day of class)

Course	Grade	Test	Min. Score
_____	_____	_____	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____

Enrollment restrictions (In addition to prerequisites, if applicable.)

and or Consent required
 and or Admission to program required
 and or Other (please specify): _____
 Program: _____

Please send syllabus for transfer evaluation to:
 Conditionally approved courses are not sent for evaluation.
 Insert course number and title you wish the course to transfer as.

<input type="checkbox"/> E.M.U. as _____	<input type="checkbox"/> _____ as _____
<input type="checkbox"/> U of M as _____	<input type="checkbox"/> _____ as _____
<input type="checkbox"/> _____ as _____	<input type="checkbox"/> _____ as _____

Course CON 250	Course title <u>Cabinet Shop Management and Fundamentals</u>
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<p>Course description State the purpose and content of the course. Please limit to <u>500</u> characters.</p>	<p>This course is the final course for the Cabinet making and Millwork Technology certificate. Topics include job costing, job cost tracking and mechanical detailing and plan execution.</p>
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<p>Course outcomes List skills and knowledge students will have after taking the course.</p> <p>Assessment method Indicate how student achievement in each outcome will be assessed to determine student achievement for purposes of course improvement.</p>	<p>Outcomes (applicable in all sections)</p>	<p>Assessment Methods for determining course effectiveness</p>
	<p>1) Produce job costs 2) Track job costs 3) Mechanically detail client plans and needs 4) Produce plans for project execution</p>	<p>In progress</p>

<p>Course Objectives Indicate the objectives that support the course outcomes given above.</p> <p>Course Evaluations Indicate how instructors will determine the degree to which each objective is met for each student.</p>	<p>Objectives (applicable in all sections)</p>	<p>Evaluation Methods for determining level of student performance of objectives</p>
	<p>In progress</p>	<p>In progress</p>

List all new resources needed for course, including library materials.

Student Materials:

<p>List examples of types</p> <ul style="list-style-type: none"> Texts Supplemental reading Supplies Uniforms Equipment Tools Software 	<p>Estimated costs</p> <p>\$</p>
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Equipment/Facilities: Check all that apply. (All classrooms have overhead projectors and permanent screens.)

Check level <u>only</u> if the specified equipment is needed for <u>all</u> sections of a course.	<input type="checkbox"/> Off-Campus Sites
<input type="checkbox"/> Level I classroom Permanent screen & overhead projector	<input type="checkbox"/> Testing Center
<input type="checkbox"/> Level II classroom Level I equipment plus TV/VCR	<input type="checkbox"/> Computer workstations/lab
<input checked="" type="checkbox"/> Level III classroom Level II equipment plus data projector, computer, faculty workstation	<input type="checkbox"/> ITV
	<input type="checkbox"/> TV/VCR
	<input type="checkbox"/> Data projector/computer
	<input type="checkbox"/> Other _____

Assessment plan:

Learning outcomes to be assessed (list from Page 3)	Assessment tool	When assessment will take place	Course section(s)/other population	Number students to be assessed

Scoring and analysis of assessment:

1. Indicate how the above assessment(s) will be scored and evaluated (e.g. departmentally developed rubric, external evaluation, other). Attach the rubric.

2. Indicate the standard of success to be used for this assessment.

3. Indicate who will score and analyze the data.

4. Explain the process for using assessment data to improve the course.