COURSE AND SYLLABUS FORM

Syllabus Cover Sheet

Course Discipline Code & No: WAF 205   Title: Plumbing and Pipefitting I   Effective Term Winter 2004

Division Code: ___HAT___   Department Code: ___WAFD___   Org #: __14600__

Don't publish: ☐College Catalog   ☐Time Schedule   ☐Web Page

Reason for Submission. Check all that apply.
☐ New course approval
☐ Five-year syllabus review (Attach assessment results.)
☐ Major change

☒ Minor change (Corrections, editing, clarification)
☐ Reactivation of inactive course
☐ Inactivation (Submit this page only.)

Change information:

Minor changes
☒ Course discipline code & number (was TRI 201)
  (when changing course number, select "inactivation" to discontinue the old course.)
☐ Course title (was _____)
☐ Course description
☐ Course objectives (minor changes)

For major changes, consultation with all departments affected by this course is required. Attach "course use in programs" report from Curriculum Database for Faculty.

Major changes (reviewed by Curriculum Committee.)
☐ Credit hours (credits were: _____)
☐ Total Contact Hours (total contact hours were: _____)
☐ Distribution of contact hours (contact hours were:
    lecture: _____ lab _____ clinical _____ other _____)
☐ Pre or co-requisites
☐ Distance Learning section approval
☐ General Education Distribution Course: Add☐ Remove☐
☐ Honors section approval
☐ Change in Grading Method
☐ Objectives
☐ Other _____

Rationale for course or course change

1. **Assessment-based:**

2. **Non-assessment-based:** TRI courses no longer being offered under TRI discipline. Course being distributed to appropriate disipline.

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: Bill Figg   Signature _William H. Figg_   Date: 10-6-03
       Faculty/Preparer

Print: Bill Figg   Signature _William H. Figg_   Date: 10-6-03
       Department Chair

Division Review by Dean   ☐ Request for conditional approval

Recommendation ☒ Yes ☐ No   _____   10/6/03
                  Dean's/Administrator's Signature   Date

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

Vice President of Instruction Approval
Approval ☒ Yes ☐ No   _Roger M. Palay_   11/8/05
                  Vice President's Signature   Date

Do not write in shaded area.
ACS Code _____   Entered in: Banner 10-8-03 C&A Database 10-8-03   Log File _____

Approved for General Education Area/Group _____ Syllabus Date _____ Basic skills table updated ☐
                                                                              Contact fee ☐

Processed . . .

Please return completed form to the Office of Curriculum & Articulation Services.

OCT 0 8 2003