WASHTENAW COMMUNITY COLLEGE

COURSE AND SYLLABUS FORM

Syllabus Cover Sheet

Course Discipline Code & No: WAF 206 **Title:** Plumbing and Pipefitting II **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 202) (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 (Faculty/Preparer) Signature Bill Figg Date: 10-6-03

Print: Bill Figg (Department Chair) Signature Bill Figg Date: 10-6-03

Division Review by Dean ☐ Request for conditional approval

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

Curriculum Committee Review

Recommendation _____

☐ Tabled ☐ Yes ☐ No _____ (Curriculum Committee Chair's Signature) Date _____

Vice President of Instruction Approval

Approval ☒ Yes ☐ No Roger M. Paley (Vice President's Signature) Date 10/8/03

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** ☐

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

Processed . . .

OCT 0 8 2003