

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

APP 103

For help screens, select a field and press F1

**SECTION I. SUBMISSION INFORMATION**

1. **Course:** (Enter proposed discipline, number & title here.)  
**Discipline/No:** APP 103      **Title:** Apprenticeship Year III      **Start Term** 200301  
 Banner allows only 29 characters and spaces, for the title. Longer titles will have to be abbreviated.

Division Code: HAT      Department Code: CIND      Org #: 28200      Don't publish:  in College Catalog  
 in Time Schedule       on Web Page

2. **Type of Approval:** (applies to both new courses and changes)  
 Full Approval  
 Conditional Approval  


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 This proposal previously received conditional approval for the term: \_\_\_\_\_

3. **Reason for Submission:** This Course is being submitted for: (check all that apply)  
 New Course Approval (Skip 4 and go directly to 5.)  
 Five-year Syllabus Review       No changes to course (Submit complete syllabus)  
 Major Change(s) (Submit complete syllabus)  
 Minor Change(s)\* (For fully approved courses, submit revised sections only.)  
 Reactivation of Inactive Course  
 Inactivation (Submit this page only.)  
 \*If requesting a change to a course that has conditional approval, please submit a complete syllabus.

**4. Change Information:** (Check all that apply. Make proposed changes in Section III, Course Syllabus.)

<p><b>Minor Changes</b></p> <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 _____	<p><b>Major Changes</b> (will be reviewed by Curriculum Committee.)</p> <input type="checkbox"/> Credit hours (credits were: _____) <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 (Attach Approval Form.) <input type="checkbox"/> Approval for offering Distance Learning Sections (Attach Distance Learning Approval Form) <input type="checkbox"/> General Education Distribution Course: Add <input type="checkbox"/> Remove <input type="checkbox"/> (Attach General Education Course Approval Form) <input type="checkbox"/> Pre or Co-requisites (that affect other departments)
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5. **Rationale:** (for new course or course change) Changes are being made in response to data from Assessment: yes  no   
 This course will never be offered in a 'traditional' format. Students will be awarded non-traditional credit after successful completion of their annual apprenticeship requirements.

**SECTION II. SIGNATURES**

1. **Department Review** (To be completed by department chair)  
 Will any new resources be required? No, none anticipated  Yes  (If yes, attach list with projected costs)  
 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?  yes       no (if no, initial and return to preparer with rationale.)  
 Print: Dan Welch      Faculty/Preparer      Signature: [Signature]      Date: 03/03/2003  
 Print: Dan Welch      Department Chair      Signature: [Signature]      Date: 3/3/2003

2. **Division Review** (To be completed by division dean; if recommendation is no, initial and return to department with rationale.)  
 Is this a curricular priority for your division?  yes       no (Comment \_\_\_\_\_)  
 What is the estimated enrollment? >50 and <1000 annually  
 Recommendation  Yes       No      \_\_\_\_\_  
 Dean's/Administrator's Signature      Date

3. **Curriculum Committee Review** (Attach additional comments if necessary and forward to Executive Vice President.)  
 Recommendation  Yes       No      [Signature]  
 Curriculum Committee Chair's Signature      Date: 3.06.03

4. **Vice President for Instruction and Student Services Approval** (Attach additional comments if necessary.)  
 Approval  Yes       No      [Signature]  
 Vice President's Signature      Date: 3/21/03

ACS Code \_\_\_\_\_ Entered in Banner 3/21 Entered in Access 3/21 Log File 3/21

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Approved for General Education Area/Group \_\_\_\_\_

Syllabus Date \_\_\_\_\_

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**SECTION III. COURSE SYLLABUS**

**A. COURSE DETAILS (Start with #1.)**

For help screens press F1.

**Discipline & No.:** APP 103    **Title:** Apprenticeship Year III

Course and title will automatically appear above upon saving or previewing

**1. Description:** (Please be brief. Explain acronyms if used.)

Student gains knowledge and skills through classroom and on-the-job experience. Student will receive credit for the course only after all classroom (testing) and work hours have been successfully completed and student is eligible to continue onto subsequent apprenticeship year.

<b>2. Credit Hours:</b> <u>6.0</u> If Variable credit, Give Range: _____ to _____ credits  If repeatable for credit, how many times _____	<b>3. Contact Hours per Semester:</b> Lecture: <u>216</u> Lab: _____ Clinical: _____ Other: <u>1700</u> Total Contact Hours: <u>1916</u>	<b>4. Class Capacity:</b> _____ (If nonstandard, attach Class Capacity Exception form.)	<b>5. Course Options:</b> <input type="checkbox"/> Distance learning (Attach DL Form) <input type="checkbox"/> Honors (Attach Honors Addendum.) <input type="checkbox"/> P/NP Grading
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6. Prerequisite(s) and/or "( Course	Min Grade	*Concurrent Enrollment	Test Name	Min. Score	**Level "I" II	Other Prerequisites
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> I <input type="checkbox"/> II	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> I <input type="checkbox"/> II	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> I <input type="checkbox"/> II	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> I <input type="checkbox"/> II	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> I <input type="checkbox"/> II	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> I <input type="checkbox"/> II	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> I <input type="checkbox"/> II	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> I <input type="checkbox"/> II	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> I <input type="checkbox"/> II	_____

\* Can take prerequisite before or concurrently with this course.  
 \*\*Level I is enforced in Banner; Level II is enforced by instructor on 1st day of class.

<b>8. Course Purpose:</b> <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	<b>If a program requirement, specify the program(s)</b> <u>Construction Supervision</u> <u>Industrial Training</u>	<b>Please send syllabus for Transfer evaluation to:</b> <input type="checkbox"/> EMU <input type="checkbox"/> UM _____ _____ _____	<b>Accepted for transfer:</b> (attach documentation) <input type="checkbox"/> EMU _____ <input type="checkbox"/> UM _____ _____ _____ _____
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<b>9. Terms Course will be offered:</b>					
<b>Terms</b>	<b>Session Length</b> (e.g. 15 weeks, 1 <sup>st</sup> 7½ weeks, etc.)	<b>Day</b>	<b>Eve</b>	<b>Even years only</b>	<b>Odd years only</b>
<input type="checkbox"/> Fall	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Winter	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spr/Summer	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. MAJOR INSTRUCTIONAL UNITS** A major instructional unit is a grouping of topics that naturally relate to one another. Add additional numbers as needed. (This section is unprotected so that you can cut and paste from other documents.)

- 1.
- 2.
- 3.

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**C. INSTRUCTIONAL OBJECTIVES**

DIRECTIONS: Use student outcomes-based language. (Example: Upon visiting a gravel pit students will observe, analyze and describe in one page the weathering processes.) Units should match those listed in Section B.

(This section is unprotected. You may cut and paste from other documents as needed.)

**Unit #1**

- 1.
- 2.

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**D. INSTRUCTIONAL METHODS, EVALUATION CRITERIA, AND ASSESSMENT**

**1. Instructional Methods:** (Check the appropriate boxes and describe as needed.)

<input checked="" type="checkbox"/> Lecture/Discussion _____ <input type="checkbox"/> Clinical Instruction _____ <input type="checkbox"/> Laboratory Assignments _____ <input type="checkbox"/> Internet Assignments _____ <input type="checkbox"/> Computer Simulations _____ <input checked="" type="checkbox"/> On-Site Work Experience _____ <input type="checkbox"/> Team Assignments _____ <input type="checkbox"/> Demonstrations _____	<input type="checkbox"/> Performances _____ <input type="checkbox"/> Group Critiques _____ <input type="checkbox"/> Field Trips _____ <input type="checkbox"/> Telecourse _____ <input type="checkbox"/> ITV Course _____ <input type="checkbox"/> Self-Paced Instruction _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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**2. Evaluation Criteria:**

<input checked="" type="checkbox"/> Attendance _____ <input type="checkbox"/> Class Discussion _____ <input type="checkbox"/> Papers _____ <input type="checkbox"/> Portfolios _____ <input type="checkbox"/> Projects _____ <input type="checkbox"/> Reports _____ <input type="checkbox"/> Clinical Assignments _____ <input type="checkbox"/> Home Work _____	<input type="checkbox"/> Quizzes _____ <input checked="" type="checkbox"/> Tests _____ <input type="checkbox"/> Midterm _____ <input type="checkbox"/> Final Exam _____ <input type="checkbox"/> Presentations _____ <input type="checkbox"/> Individual Performance _____ <input type="checkbox"/> Group/Team Performance _____ <input checked="" type="checkbox"/> Other Work Hours _____
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**3. Assessment of Student Achievement:** (Indicate methods that will be used for NCA mandated assessment of student academic achievement at the course and (if applicable) general education levels)

<input type="checkbox"/> Departmental Exam _____ <input type="checkbox"/> Follow-on Tracking _____ <input type="checkbox"/> Standardized Test _____ <input type="checkbox"/> Portfolio Assessment _____	<input type="checkbox"/> Pre-test/Post-test _____ <input type="checkbox"/> Simulations _____ <input type="checkbox"/> Comprehensive Project _____ <input type="checkbox"/> Other _____
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**F. EQUIPMENT, FACILITIES, TEXTS, MATERIALS, AND SUPPLIES**

**1. Special Equipment/Facilities :** (Check the appropriate boxes and describe as needed.)

<input type="checkbox"/> Lab equipment _____ <input type="checkbox"/> Computer Lab _____ <input type="checkbox"/> CD ROM's _____ <input type="checkbox"/> Data Projector/Screen _____ <input type="checkbox"/> VCR _____ <input type="checkbox"/> TV Monitor _____	<input type="checkbox"/> ITV Classroom _____ <input type="checkbox"/> Off-Campus Sites _____ <input type="checkbox"/> Testing Center _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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**2. Texts:** (Please indicate if no text is required.)

Title: \_\_\_\_\_  
Author: \_\_\_\_\_ 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
_____	_____
_____	_____
_____	_____

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

Title/Name	Location
_____	_____
_____	_____

**5. Computer Software that will be used:**

Title/Name	Location
_____	_____
_____	_____
_____	_____

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

Title/Name	Location
_____	_____
_____	_____
_____	_____