

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

APP 251

SECTION I. SUBMISSION INFORMATION

1. Course:
Discipline/No: APP 251 **Title:** Commercial Air Conditioning Systems **Start Term** W03

Division Code: HAT Department Code: CIND Org #: 14725 Don't publish: in College Catalog
 in Time Schedule on Web Page

<p>2. Type of Approval:</p> <input checked="" type="checkbox"/> Full Approval <input type="checkbox"/> Conditional Approval <hr/> <input type="checkbox"/> This proposal previously received conditional approval for the term: _____	<p>3. Reason for Submission: This Course is being submitted for: (check all that apply)</p> <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
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*If requesting a change to a course that has conditional approval, please submit a complete syllabus.

4. Change Information:

<p>Minor Changes</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>Major Changes</p> <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)
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5. Rationale Changes are being made in response to data from Assessment: yes no

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 Yes
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

Print: Scott Klapper Faculty/Preparer Signature: Scott Klapper Date: 10-15-02

Print: Scott Klapper Department Chair Signature: Scott Klapper Date: 10-15-02

2. Division Review

Is this a curricular priority for your division? yes no (Comment _____)

What is the estimated enrollment? _____

Recommendation Yes No

Dean's Signature: [Signature] Date: 10/15/02

3. Curriculum Committee Review

Recommendation Yes No

Curriculum Committee Chair's Signature: Ruth A. Hatcler Date: 3.20.03

4. Vice President for Instruction and Student Services Approval

Approval Yes No

Executive Vice President's Signature: [Signature] Date: 3/26/03

ACS Code _____ Entered in Banner 3/27 Entered in Access 3/27 Log File 3/27/03

Approved for General Education Area/Group _____ Syllabus Date 3/20/03

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SECTION III. COURSE SYLLABUS

A. COURSE DETAILS

Discipline & No.: APP 251 **Title:** Commercial Air Conditioning Systems

1. Description:

This course will enable the students to understand what is commercial air conditioning. This course will teach students the different types of systems, different system controls and single and multiple compressor systems. This course will demonstrate constant and variable air systems, multizone systems, direct expansion split systems and chilled water air conditioning systems. This course will introduce students to chillers, absorber and centrifugal chillers. This course will teach students the basic absorber operation and basic centrifugal operations.

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
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6. Prerequisite(s) and/or "(*) Course	Min Grade	*Concurrent Enrollment	Test Name	Min. Score	**Level "Y" 1 2	Other Prerequisites
<input type="checkbox"/> <input type="checkbox"/> APP 111	_____	<input type="checkbox"/>	_____	_____	<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"/> <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"/>	_____
<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 _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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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	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Winter	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Spr/Summer	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. MAJOR INSTRUCTIONAL UNITS

1. Commercial Air Conditioning

C. INSTRUCTIONAL OBJECTIVES

Unit #1 Commercial Air Conditioning

The student will:

1. Describe what is commercial air conditioning
2. Describe different types of systems
3. Describe different systems controls
4. Describe single and multiple compressor systems
5. Describe constant and variable air systems
6. Describe multizone systems
7. Describe direct expansion split systems
8. Describe chilled water air conditioning systems
9. Describe introduction into chiller
10. Describe absorber and centrifugal chillers
11. Describe basic centrifugal operation
12. Describe troubleshooting chillers
13. Describe computer room air conditioning
14. Describe chilled glycol systems
15. Describe discharge air controllers in air conditioning systems
16. Describe different oils in chillers
17. Describe static pressure controllers
18. Describe head pressure controls
19. Describe low ambient operation and controls
20. Describe humidity controls
21. Describe air filtration
22. Describe outside air controls
23. Describe economizer operation
24. Describe free cooling
25. Describe face and bypass damper systems

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D. INSTRUCTIONAL METHODS, EVALUATION CRITERIA, AND ASSESSMENT

1. Instructional Methods:

<input checked="" type="checkbox"/> Lecture/Discussion _____ <input type="checkbox"/> Clinical Instruction _____ <input checked="" type="checkbox"/> Laboratory Assignments _____ <input type="checkbox"/> Internet Assignments _____ <input type="checkbox"/> Computer Simulations _____ <input 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 checked="" type="checkbox"/> Class Discussion _____ <input checked="" type="checkbox"/> Papers _____ <input type="checkbox"/> Portfolios _____ <input type="checkbox"/> Projects _____ <input type="checkbox"/> Reports _____ <input type="checkbox"/> Clinical Assignments _____ <input checked="" type="checkbox"/> Home Work _____	<input checked="" type="checkbox"/> Quizzes _____ <input checked="" type="checkbox"/> Tests _____ <input type="checkbox"/> Midterm _____ <input checked="" type="checkbox"/> Final Exam _____ <input type="checkbox"/> Presentations _____ <input type="checkbox"/> Individual Performance _____ <input type="checkbox"/> Group/Team Performance _____ <input type="checkbox"/> Other _____
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3. Assessment of Student Achievement:

<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 :

<input checked="" type="checkbox"/> Lab equipment _____ <input checked="" type="checkbox"/> Computer Lab _____ <input checked="" type="checkbox"/> CD ROM's _____ <input checked="" type="checkbox"/> Data Projector/Screen _____ <input checked="" type="checkbox"/> VCR _____ <input checked="" type="checkbox"/> TV Monitor _____	<input type="checkbox"/> ITV Classroom _____ <input type="checkbox"/> Off-Campus Sites _____ <input type="checkbox"/> Testing Center _____ <input checked="" type="checkbox"/> Other Supplied by Local 190 _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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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
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<hr/>	<hr/>
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4. Reference Materials that will be used: (e.g. journals, books, manuals, maps, LRC reserves, etc.)

Title/Name	Location
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<hr/>	<hr/>

5. Computer Software that will be used:

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

Title/Name	Location
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