

**CURRICULAR ACTION
SIGNATURE PAGE**

(Use for forms 1, 2, 3, 4, 6, and 8)


Description of Action: Requisite Change Course # (if applicable): 480-476/676

Program or Course Title: Curriculum Methods and Materials for those with Multiple Disabilities

 Proposal Sponsor	<u>9/21/98</u> Date of Submission
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 Chair of Sponsoring Department	 Department	<u>9/21/98</u> Approval Date
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 Chair, College Curriculum Committee	<u>9-21-98</u> Approval Date
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 Dean of College	 College	<u>9-21-98</u> Approval Date
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For Undergraduate Actions:

If a course is to be considered as a Diversity option:

_____ Chair, Diversity Committee	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	_____ Date
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If a course is to be considered as a General Education option:

_____ Chair, General Education Committee	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	_____ Date
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_____ Chair, University Curriculum Committee	<input type="checkbox"/> Received for Recording <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____ Date
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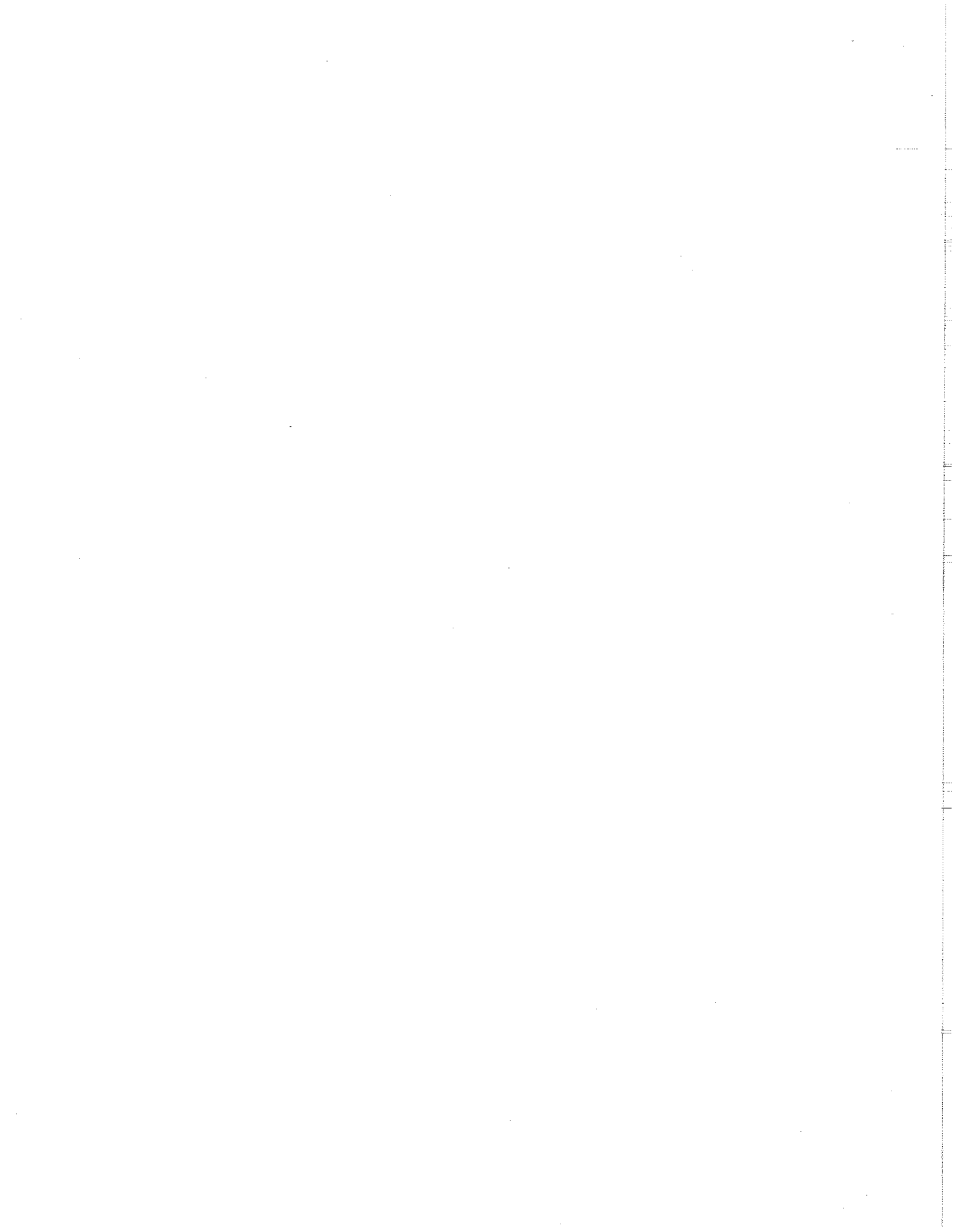
_____ Chair, Faculty Senate	<input type="checkbox"/> Received for Recording <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____ Date
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For Graduate Actions:

_____ Graduate Council	<input type="checkbox"/> Received for Recording <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____ Date
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Received:

_____ Provost and Vice Chancellor	_____ Date
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CURRICULUM PROPOSAL FORM #4
UNIVERSITY OF WISCONSIN-WHITEWATER

CHANGE IN OR DELETION OF EXISTING COURSE

Type of Action	
<input type="checkbox"/> Course Deletion	<input checked="" type="checkbox"/> Requisite Change
<input type="checkbox"/> Course Revision	<input type="checkbox"/> Repeatability Change
<input type="checkbox"/> Description Change	<input type="checkbox"/> Diversity Option
<input type="checkbox"/> Title Change	<input type="checkbox"/> General Education Option
<input type="checkbox"/> Number Change	area: _____
<input type="checkbox"/> Contact Hour Change	<input type="checkbox"/> Computer Requirement
<input type="checkbox"/> Credit Change	<input type="checkbox"/> Writing Requirement
<input type="checkbox"/> Add Cross-listing	<input type="checkbox"/> Other _____

Effective Term: Spring 1999

New/Current Course Number: 480_476 / 676 Crosslist Number: - /

Old Course Number: 480_476 / 676

New/Current Course Title: same

Old Course Title: Curriculum Methods and Materials for those with Multiple Disabilities

15 Character Abbreviation: CNM: MULTPL DIS

25 Character Abbreviation: CMT/MAT: MULTPL DISABIL

Sponsor(s): Diane E. Ormsby, Ed.D.

Department(s): Special Education

College(s): Education

Other Programs Affected: None

Check if course is required in: Major/Emphasis (specify): CD & EC:EEN

Minor/Emphasis (specify): _____

Other (specify): _____

Attach the following:

- I. Detailed explanation of changes (use FROM/TO format) see attached
- II. Justification for action see attached



I. Detailed explanation of changes (use FROM/TO format)

FROM

Prerequisite: 480-376/576 or consent of instructor

TO

Prerequisite: 480-376/576 or consent of instructor

Corequisite: 480-465/665 (CD emphasis only)

II. Justification for action

480-476/676 was added to revised CD program emphasis and its content correlates closely to content of 480-465. Therefore, taking 480-476/676 and 480-465/665 simultaneously is intended to maximize student learning.