

• Authorization To Offer Non-Degree Extension Credit Course Through Extended Studies •

1. Desired Term: Summer		Year of Implementation: 2005													
2a. Course abbreviation and Number: EDUC E1002A		2b. Abbreviated Title: <i>(No more than 25 characters, including spaces)</i> "Quantum Learning for Teachers" (lecture)													
3. College: Education		4. Number of Units: 1	5. Billing Units: 0												
6. Allowed Student Levels: UG X GR X EE (Default is to check all three levels)															
7. Grading Method: <input type="checkbox"/> Normal (N) <i>(Default is Letter Grade +/-, Students may request Credit/No Credit)</i> <input type="checkbox"/> Normal Plus Report-in-Progress (NP) <i>(As for Normal; also allows Report-in-Progress)</i> <input checked="" type="checkbox"/> Credit/No Credit Only (C) <input type="checkbox"/> Credit/No Credit or Report-in-Progress Only (CP)															
8. Mode of Instruction: <i>(See pages 17-23 at http://www.calstate.edu/cim/data-elem-dic/APDB-Transaction-DED-SectionV.pdf for definitions of the Course Classification Numbers)</i>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type of Instruction</th> <th>Number of Credit Units</th> <th>Instructional Mode (Course Classification Number)</th> </tr> </thead> <tbody> <tr> <td>Lecture</td> <td style="text-align: center;">1</td> <td style="text-align: center;">02</td> </tr> <tr> <td>Activity</td> <td></td> <td></td> </tr> <tr> <td>Lab</td> <td></td> <td></td> </tr> </tbody> </table>		Type of Instruction	Number of Credit Units	Instructional Mode (Course Classification Number)	Lecture	1	02	Activity			Lab		
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9. Attributes: Course Requires Consent for Enrollment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Faculty <input type="checkbox"/> Credential Analyst <input type="checkbox"/> Dean <input type="checkbox"/> Program/Department - Director/Chair Prerequisites: _____ Co-requisites: _____															
10. Does this course impact other discipline(s)? <i>(If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, obtain signature(s). Any objections should be stated in writing and attached to this form. <table style="width:100%; border: none;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Discipline</td> <td style="width: 25%; border-bottom: 1px solid black;">Signature</td> <td style="width: 25%; border-bottom: 1px solid black;">Date</td> <td style="width: 25%; text-align: right;">Support <input type="checkbox"/> Oppose <input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Discipline</td> <td style="border-bottom: 1px solid black;">Signature</td> <td style="border-bottom: 1px solid black;">Date</td> <td style="text-align: right;">Support <input type="checkbox"/> Oppose <input type="checkbox"/></td> </tr> </table>				Discipline	Signature	Date	Support <input type="checkbox"/> Oppose <input type="checkbox"/>	Discipline	Signature	Date	Support <input type="checkbox"/> Oppose <input type="checkbox"/>				
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Important : Please Complete

1. Instructor <u>Jenny Scverson, Ed.D</u> 2. Please complete the Extension Course Proposal Form http://www.csusm.edu/academic_programs/Curriculum_Forms/index.html
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SIGNATURES: (COLLEGE LEVEL)

1. Program Director/Chair _____ Date 5/16/05
 2. College Dean (or Designee) [Signature] _____ Date _____

(UNIVERSITY LEVEL)

3. Dept. of Extended Studies (or Designee) [Signature] 05/17/05 Date
 4. Vice President for Academic Affairs (or Designee) [Signature] 5/26/05 Date



OFFICE OF EXTENDED STUDIES EXTENSION COURSE PROPOSAL FORM

In planning the components of our Extended Studies program at Cal State San Marcos, this office consults closely with the academic colleges and departments to determine the suitability of course content, teaching methods and instructor qualifications. To assist us in evaluating your proposed course for credit, please submit this completed form—along with Form X: New Course Non-degree Credit—to our office as soon as possible. Questions before you submit? Call (760)750-4020.

- **Course Title:** Quantum Learning for Teachers
- **Course Description:** *(Please provide a short paragraph describing the purpose, topics and audience for your course. Be sure to include the benefits for students who take your course. An edited version of this description will be used for promotional copy.)*
- **Course Objectives:** *(Provide specific student learning outcomes and how they will be achieved.)*
- **Evaluation:** *(What will be the basis for grades? How will you know that the students have achieved the course objectives?)* Students will turn in homework that will be assigned at the workshop, the grade will be a pass no pass. (see attached sheet)
- **Course Length:** *(How many actual contact hours in class? Note: Credit courses must contain a minimum of fifteen 50-minute contact hours for each semester unit of credit, and outside of class work by students is required. 35 hours for workshop)*
- **Proposed Date(s):** June 27- August 22, 2005
- **Location:** *(Indicate if you are proposing this course to be scheduled and offered in our facilities, or if this course is to be held at an off-campus location, such as a school, district or county office, company, etc.)*
There will be different locations for each session in California
- **Support Needs:** *(Please indicate any special services you will need, such as audio-visual equipment, photocopying, room set-up, etc.)* No needs
- **Comments:** *(Please add any other relevant information, such as whether or not the course has been taught elsewhere successfully, why the course is needed in our area, marketing suggestions, etc.)*

**When completed, please return this form, along with an up-to-date resume (with teaching references) to:
Trish Henlon, Office of Extended Studies, Cal State San Marcos, 333 S. Twin Oaks Valley Rd., San Marcos,
CA 92096; FAX: (760)750-3138; E-mail: thenlon@csusm.edu**