Course Change Form

Date of Request: December 6, 2007
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Course Addition

1. Course Title: ESOL 0610 Advanced ESOL Skills: Workplace
   Instructor permission required: No
   Prefix & Num: 0610
   Credits: 1.00
   Clinical: 0.00
   Practicum: 0.00
   Independent Study: 0.00

2. Pre-requisite(s): [ ]DEFL 160-172 Co-requisite(s):
   Class Hours/Week: *LEC: 1 *LBC w/cr: 0.00 *LNC w/no cr: 0.00
   Instructor permission required: No

3. Semester to be Implemented: Spring, 2009
   Grade type: Regular
   Day [x]
   Extended Day [ ]
   Lab Fee: $0.00
   Additional Fees: $0.00
   Potential WLF: 0.00

4. Cost Code:

5. Is this course designed for a specific group? Yes Who? ESOL students

6. Catalog Description: [ ] Now in Print, or [x] Proposed Below:
   This course is designed to help ESOL students enrich and strengthen practice workplace skills like how to obtain employment, maintain employment, pursue career advancement, and use applied technology at an intermediate level.

7. Course justification (attach sheets if needed):
   In order to increase the presence of International Students on campus, we need a full-complement of courses for ESOL students in order to satisfy the requirements for enrollment and visa eligibility.

8. Are library resources adequate to support this change? No If not, how are those resources to be acquired? We will propose in our next budget cycle a comprehensive list of materials which need to be added to the library in order to best serve these students and courses.

9. Are technical and other resources available? No If not, how are those resources to be acquired?
   We will propose in our next budget cycle a comprehensive list of technology materials and equipment which need to be added to our department in order to best serve these students and courses.

10. Relationship to the curriculum: Would the course fill a G.E. requirement? No If yes, which G.E. area? If it does not fill a G.E. requirement, would the course offer elective credit? No

11. Transferability of the course: List comparable courses at other colleges and universities:

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<th>G.E.</th>
<th>Elective</th>
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   Institution: DSC

   Approval Signatures:

   Dean: [Signature] Date: 10 Oct 08
   Academic VP: [Signature] Date: ________