



Minnesota State University, Mankato HOLD and CLEAR buttons only compatible with Acrobat V. 4 and 5
Curriculum Proposal

Please type or select the requested information. Print completed forms, add appropriate paper attachments, and route through MSU's curricular process for recommendations and decisions.

		(Check all that apply):		Proposal #	209
College:	Social and Behavioral Sciences	<input checked="" type="checkbox"/>	Undergraduate	Effective Date of Change:	
Department:	Political Science/Law Enforcement	<input type="checkbox"/>	Graduate	Academic Year	05
Program:	Political Science	CIP #		(For Office Use Only)	
Type of Change	COURSE PROPOSALS	Course Designator	Number of		
Proposed:	Course Withdrawal	and Number	Credits		
Title Current:	Public Policy Analysis and Evaluation	POLS 321	3		
Title Proposed:					
24-Char. Abbrev:		(if applicable)			

Include a course or program description for the Bulletin (30-40 words maximum for courses, 100 for programs):

Rationale or Justification for change:

We are withdrawing this course in response to personnel changes in the department. We no longer have faculty who can offer this course.

*****For General Education or Cultural Diversity Courses Only*****

General Education Course:		Cultural Diversity Course:
GE Category #	GE Category Name (Maximum of 3 Categories)	(Please check one.)
N/A		<input type="checkbox"/> Core (At least 75% devoted to topics of race, gender, sexual orientation, age, class, and disabilities as they occur in United States Society.)
N/A		<input type="checkbox"/> Related (At least 25% devoted to the above topics or to a global perspective on topics related to African American, Asian, Hispanic, and Native American inhabitants of the United States.)
N/A		

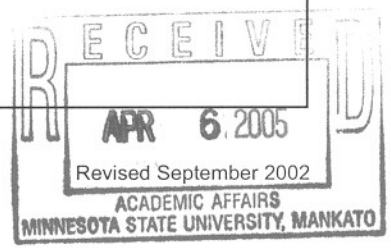
? For Writing Intensive Courses, attach a description of the kind and quantity of writing.
 ? For Upper Division Courses, include a description of the respects in which it is broad and general rather than narrow and specific, and so suitable as GE.

Attach paper copies of the following:
 a. Syllabus or course outline.
 b. Course's student learning outcomes associated with each GE competency or CD designation.
 c. List of strategies to be used to assess students' achievement of each GE competency or CD designation.

*****For New Courses*****

(Check all that apply):	Instructional Type: Lecture	Course will be offered:
<input type="checkbox"/> Course is an elective.	Grading Format: <input type="checkbox"/> Grade <input type="checkbox"/> P/N	<input type="checkbox"/> Fall Semester
<input type="checkbox"/> Course is required for program		<input type="checkbox"/> Spring Semester
<input type="checkbox"/> Pre- or Co-requisites:		<input type="checkbox"/> Summer Session
<input type="checkbox"/> Other courses are being changed or eliminated. (Explain.)		
<input type="checkbox"/> Course content or title is similar to courses in other departments. (Attach copy of letter of agreement with other program(s) contacted. Indicate the nature of the discussions and/or resolution of differences or potential conflicts.)		

Attach paper copies of the following:
 a. Syllabus or course outline.
 b. Course's student learning outcomes.
 c. A list of resources required to offer and support this course.
 d. A description of how teaching this course will affect department staffing.
 e. If 400/500 level course, an explanation of added expectations of graduate students.





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For Program Proposals

Attach paper copies of the following:

- a. Student learning outcomes for the program.
- b. Minutes from department and college curriculum meetings in which action was taken on this proposal.
- c. Program Assessment Plan. Forms are available on the Academic Affairs Web site:
http://www.mnsu.edu/acadaf/words/PRA_SampSLOAssessPlan.doc
- d. List of program requirements for **New** programs, or a list of **Current** and **Proposed** program requirements for **Redesigned** programs.
- e. A list of resources required to offer and support this program.
- f. A description of how offering this program will affect department staffing.
- g. A list of additional library holdings required for this program.

Please include rationale for any proposed changes in number of program credits:

For Programs Requiring MnSCU Approval

If any of the following changes are proposed, please fill out and attach MnSCU Program Approval Forms, which are available on the Academic Affairs Web site:

<http://www.mnsu.edu/acadaf/html/curformsprocesses.htm>

1. **Creation** of an entirely new program.
2. **Redesign** of existing programs, which takes any of the following forms:
 - ? Addition or deletion of a program option. Options are part of program design in which 30-50% of the courses are required as part of a common core for all students, and which offers curriculum alternatives greater than 30% of the total number of credits in the major. Options are appropriate to baccalaureate or masters programs.
 - ? Addition or deletion of a program emphasis. Emphases are part of program design in which more than 50% of the courses are required as part of a common core for all students, and which offers curriculum alternatives with a minimum of nine credits. Emphases are appropriate to associate and baccalaureate programs.
 - ? Change in program name.
 - ? Change in program CIP #.
 - ? Change in TOTAL program credits.
 - ? Change in degree award. For example, changing a B.A. to B.S.
 - ? Creation of a new degree award in a related academic area. Examples include creation of a certificate program from an existing degree program, or a new degree program from an existing degree program (e.g., Art History BA from Art BA.)
3. **Relocation** of an existing program. This is a proposal to move an existing program from one site to be exclusively offered at another site, and requires closing the program offered at the original site. For example, a program offered both on-campus and through extended campus is to be offered only at the extended campus site.
4. **Replication** of an existing program. This is a proposal to offer an existing program at a new site, which may be an existing MnSCU-approved site, or another campus of the same institution. Replicated programs are offered at both the original site and the new location.
5. **Suspension or reinstatement** of a program. This proposal suspends admission of students into an existing program, and is good for three years. Reinstatement proposals request the reopening of student admissions into a given program.
6. **Closure** of a program. This proposal requests closure of an existing program and its removal from an institution's official inventory of academic programs. Unless a department seeks to re-open a suspended program, it should be closed within three years of suspension.



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Signature Page			
Department			
<input checked="" type="checkbox"/> Recommended	(Category/ies _____)	<u><i>V. Danner H. Smith</i></u>	Date
<input type="checkbox"/> Not Recommended	(Category/ies _____)	Department Chair	<u><i>4-4-05</i></u>
Comments:			
College Curriculum Committee			
<input checked="" type="checkbox"/> Recommended	(Category/ies _____)	<u><i>Fred Blacum</i></u>	Date
<input type="checkbox"/> Not Recommended	(Category/ies _____)	Committee Chair	<u><i>4-4-05</i></u>
Comments:			
College Dean			
<input checked="" type="checkbox"/> Recommended	(Category/ies _____)	<u><i>W. F. W. [Signature]</i></u>	Date
<input type="checkbox"/> Not Recommended	(Category/ies _____)	Dean	<u><i>4/4/05</i></u>
Comments:			
General Education Subcommittee			
<input type="checkbox"/> Recommended	(Category/ies _____)	_____	Date
<input type="checkbox"/> Not Recommended	(Category/ies _____)	General Education Subcommittee Chair	_____
Comments:			
Undergraduate Curriculum and Academic Policy Committee			
<input type="checkbox"/> Recommended	(Category/ies _____)	_____	Date
<input type="checkbox"/> Not Recommended	(Category/ies _____)	UCAP Faculty Chair	_____
Comments:			
Faculty Association Graduate Committee			
<input type="checkbox"/> Recommended	(Category/ies _____)	_____	Date
<input type="checkbox"/> Not Recommended	(Category/ies _____)	Faculty Association Graduate Chair	_____
Comments:			
Graduate Dean			
<input type="checkbox"/> Recommended	(Category/ies _____)	_____	Date
<input type="checkbox"/> Not Recommended	(Category/ies _____)	Graduate Dean	_____
Comments:			
Academic Affairs Council			
<input type="checkbox"/> Recommended	(Category/ies _____)	_____	Date
<input type="checkbox"/> Not Recommended	(Category/ies _____)	Assistant Vice President	_____
Comments:			
Senior Vice President and Vice President for Academic Affairs			
<input type="checkbox"/> Approved	(Category/ies _____)	_____	Date
<input type="checkbox"/> Not Approved	(Category/ies _____)	Sr. Vice President / Vice Pres. Academic Affairs	_____
Comments:			