

**OHIO STATE FLEXIBLY SCHEDULED/OFF CAMPUS/WORKSHOP COURSE REQUEST**

College Mathematical and Physical Sciences

Department School of Earth Sciences  
 Off-Campus Site:

(e.g., Portuguese)

Proposed QTR/YR of Offering: SU  AU  WI  SP  2007 Site Zip + 4: 43210-1002

**Flexibly Scheduled/Off Campus/Workshop Course Information: (Follow instructions in the OAA Academic Organization and Curriculum Handbook)**

580	Standards-Based Earth Science for Educators	G	3
Course No.	Title of Approved/Proposed Course	Level	Credit Hours

Dates Range: June 18 – June 29, 2007

Course Description: Teaching about the Cryosphere (by understanding and using data)

Complete the following for courses offered for less than term length or Workshops:

	<u>Present Offering</u>	<u>Proposed Offering</u>
Level and Credit Hours:	UG 5	G 3
Class/Lab Contact Time:	Variable to total 50 hrs	Class 20 hrs; Lab 10 hrs = 30
Prerequisites:	15 hrs phys and bio-science or permission	same
Exclusion or Limiting Clause:	Repeatable to 15 credit hours	same
Grade Options (Check one): Progress <input type="checkbox"/>	Letter <input checked="" type="checkbox"/> S/U <input type="checkbox"/> Progress <input type="checkbox"/>	Letter <input checked="" type="checkbox"/> S/U <input type="checkbox"/>

Number of Hours of out-of-class preparation required: 40+ Total hours of class meetings: 30 Length of each class: 3

General Information Statement: This version uses the facilities and personnel of the Byrd Polar Research Center for the latest information on glaciers, and the technology for detection and display of changes.

**Complete this section for Off-Campus courses only:**

Distribution of contact time (explain differences from on-campus offerings):  
 \_\_\_\_\_  
 \_\_\_\_\_

Instructor \_\_\_\_\_ Rank \_\_\_\_\_

Qualifications (explain any difference in rank/qualification from on-campus instructors):  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain differences in teaching arrangements from on-campus offerings:  
 \_\_\_\_\_  
 \_\_\_\_\_

Services/facilities: Mark those relevant for course; indicate how they will be provided at the off-campus site:

	<u>Relevant?</u>	<u>How Provided?</u>
Will course be taught in distance learning format:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Library	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Laboratory	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Computer	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Audio/Visual materials	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Discussion leaders/coordinators	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Off-campus field experiences	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

**Student Services (explain how they will be provided to off-campus students):**

Registration: \_\_\_\_\_  
 Office Hours \_\_\_\_\_  
 Academic Advising \_\_\_\_\_

**GENERAL INFORMATION** (Please respond to all items for Flexibly Scheduled/Off Campus/Workshop courses)

1. Attach the rationale for proposing this Flexibly Scheduled/Off Campus/Workshop course. **See Syllabus**
2. Previous quarter(s) of offering and enrollment: **The Cryosphere course in 2006 under different number; other use of Geol Sci 580 has been made at the regional campuses.**
3. Expected enrollment for proposed quarter of offering: **10 - 20 students**
4. Attach the course syllabus that includes the topical outline of the course, student learning outcomes and/or course objectives, methods of evaluation, off-campus field experience, and other items as stated in the OAA Academic Organization and Curriculum Handbook. **Attached**

**PLEASE FILL OUT SCHEDULING INFORMATION BELOW**

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**APPROVAL SIGNATURES** (As needed. All signatures on lines in ALL CAPS ( e.g. ACADEMIC UNIT) must be completed

_____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	_____
Academic Unit Undergraduate Studies Committee Chair (Undergrad course)		Date
_____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	_____
Academic Unit Graduate Studies Committee Chair (Undergrad/Graduate course)		Date
<i>Lawrence Kussak</i>	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove	3/29/07
School /College Undergrad Curriculum Committee (Undergrad/Grad course)		Date
<i>Lawrence Kussak</i>	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove	3/29/07
School /College Graduate Curriculum Committee (Undergrad/Grad course)		Date
<i>Frank W. Stewart</i>	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove	3/29/07
<b>ACADEMIC UNIT CHAIR/SCHOOL DIRECTOR</b>		Date
_____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	_____
<b>COLLEGE DEAN</b>		Date
_____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	_____
ASC Curriculum Committee Chair (If Appropriate))		Date
_____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	_____
University Honors Center (If Appropriate)		Date
_____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	_____
Office of International Education (study tour only)		Date
_____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	_____
<b>ACADEMIC AFFAIRS</b>		Date

**SCHEDULING INFORMATION**

Course No:	Limit:	Credit Hour	Restriction Code	Section Type L
580	20	3	-	
Quarter Dates	June 18 - 29, 2007	Days	MTWRF	Time 9 - 12
(If not standard term or quarter)				
			<input checked="" type="checkbox"/> AM	
			<input type="checkbox"/> PM	
			<input checked="" type="checkbox"/> Term 1	<input type="checkbox"/> Term 2
			Sch 25 Need Type	

Requested Bldg/Room	Scott Hall 136 (not in pool)	Sched 25 Room Characteristics (per Classroom Pool List)	NSM - needs room ASM - pre-assign AXM - cross-listed
Instructor:	Garry McKenzie		Campus Columbus
Contact person	Carol Landis		Phone number: 688-8279