SECTION I. SUBMISSION INFORMATION

1. Course:
Discipline/No: APP 142   Title: Installation Service   **Start Term** W03

Division Code: HAT   Department Code: CIND   Org #: 14725   Don't publish: ☒ in College Catalog   ☒ in Time Schedule   ☒ on Web Page

2. Type of Approval:	3. Reason for Submission: This Course is being submitted for: (check all that apply)
☒ Full Approval ☐ Conditional Approval ------------------------------------ ☐ This proposal previously received conditional approval for the term:_____	☐ New Course Approval ☒ Five-year Syllabus Review ☐ No changes to course ☒ Major Change(s) ☐ Minor Change(s)* ☐ Reactivation of Inactive Course ☐ Inactivation *If requesting a change to a course that has conditional approval, please submit a complete syllabus.

4. Change Information:

Minor Changes
- ☐ Course Discipline/Number (was _____)
- ☐ Course Title (was _____)
- ☐ Course Description
- ☐ Class Capacity (was: ____)
- ☐ Pre or Co-requisites
- ☐ Course Objectives (minor changes)
- ☐ Distribution of Contact Hours (contact hours were: lect: ____ lab ____ clin ____ other ____)
- ☐ Other _____

Major Changes
- ☒ Credit hours (credits were: 04)
- ☐ Change in Grading Method
- ☐ Total Contact Hours (total contact hours were: _____)
- ☐ Approval for offering an Honors Section
- ☐ Approval for offering Distance Learning Sections
- ☐ General Education Distribution Course: Add☐ Remove☐
- ☐ Pre or Co-requisites (that affect other departments)

5. Rationale   Changes are are being made in response to data from Assessment: yes☐ no☐

Align credit hours with local 190 third party billing and payment requirements.

SECTION II. SIGNATURES

1. Department Review

Will any new resources be required? No, none anticipated ☒   Yes ☐
You must consult all departments that may be affected by this course. List departments contacted below and attach relevant documents.

Does the department support approval of this course?   ☒ yes   ☐ no

Print: Scott Klapper   Signature _Scott Klapper_   Date: _10-15-02_
      Faculty/Preparer

Print: Scott Klapper   Signature _Scott Klapper_   Date: _10-15-02_
      Department Chair

2. Division Review

Is this a curricular priority for your division?   ☒ yes   ☐ no (Comment _____)
What is the estimated enrollment? _____

Recommendation ☒ Yes ☐ No   _Dean's Signature_   Date 10/16/02

3. Curriculum Committee Review

Recommendation ☒ Yes ☐ No   _Ruth A. Hatcher_   3.20.03
      Curriculum Committee Chair's Signature   Date

4. Vice President for Instruction and Student Services Approval

Approval ☒ Yes ☐ No   _Executive Vice President's Signature_   Date 3/26/03

ACS Code _____   Entered in Banner __3/27__   Entered in Access __3/27__   Log File __3/27__

Approved for General Education Area/Group _____   Syllabus Date __2002/1__

SECTION III. COURSE SYLLABUS
A. COURSE DETAILS

Discipline & No.: APP 142   **Title:** Installation Service

1. Description:

This course will enable students to understand the designing and installing of a system. This course will enable students to do special installations. This course will allow students to do complete plumbing service work. This course will enable students to connect faucets, toilets, sewage ejectors, sump pumps, water heaters, and all other related fixtures.

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2. Credit Hours: 03

If Variable credit, Give Range:
_____ to _____ credits

If repeatable for credit, how many times _____

3. Contact Hours per Semester:

Lecture: 30
Lab: 30
Clinical: _____
Other: _____
Total Contact Hours: 60

4. Class Capacity: 24

5. Course Options:

☐ Distance learning

☐ Honors

☐ P/NP Grading

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6. Prerequisite(s) and/or "("

Course	Min Grade	*Concurrent Enrollment	Test Name	Min. Score	")"	**Level I II	Other Prerequisites
APP 111		☐			–	☐☐	
☐☐ _ APP 112		☐			–	☐☐	
☐☐ _ APP 113		☐			–	☐☐	
☐☐		☐			–	☐☐	
☐☐		☐			–	☐☐	
☐☐		☐			–	☐☐	Consent Required ☐
☐☐		☐			–	☐☐	**7. Corequisites:**
☐☐		☐			–	☐☐	

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8. Course Purpose:

☒ Program Requirement
☐ General Education
☐ Program Support
☐ Basic Skills/Developmental
☐ Transfer
☐ Industry/Professional Dev
☐ Enrichment

If a program requirement, specify the program(s)

Local 190 apprenticeship program

Please send syllabus for Transfer evaluation to:

☐ EMU
☐ UM
☐
☐
☐
☐

Accepted for transfer:

☐ EMU _____
☐ UM _____
☐
☐
☐
☐

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9. Terms Course will be offered:

Terms	Session Length (e.g. 15 weeks, 1st 7½ weeks. etc.)	Day	Eve	Even years only	Odd years only
☒ Fall	15 weeks	☐	☒	☐	☐
☒ Winter	15 weeks	☐	☒	☐	☐
☒ Spr/Summer	15 weeks	☐	☒	☐	☐

B. MAJOR INSTRUCTIONAL UNITS

1. Installation and Service

C. INSTRUCTIONAL OBJECTIVES

Unit #1   Installation and Service
The student will:

1. Demonstrate the installation of fixtures
2. Describe lavatories, sinks, garbage disposals, urine and water closets
3. Describe bidets, bath tubs, showers and dishwashers
4. Describe drinking fountains, hose bibs and water heaters
5. Describe sump pumps, hook up of automatic beverage machines
6. Describe the hook up of coffee makers, clothes washers, dryers and ice makers
7. Describe all carriers it takes to install these fixtures
8. Demonstrate the ability to service and repair these fixtures

D. INSTRUCTIONAL METHODS, EVALUATION CRITERIA, AND ASSESSMENT

1. Instructional Methods:

☒Lecture/Discussion_____	☐Performances_____
☐Clinical Instruction_____	☐Group Critiques_____
☒Laboratory Assignments_____	☐Field Trips_____
☐Internet Assignments_____	☐Telecourse_____
☐Computer Simulations_____	☐ITV Course_____
☐On-Site Work Experience_____	☐Self-Paced Instruction_____
☐Team Assignments_____	☐Other_____
☐Demonstrations_____	☐Other_____

2. Evaluation Criteria:

☒Attendance_____	☒Quizzes_____
☒Class Discussion_____	☒Tests_____
☐Papers_____	☐Midterm_____
☐Portfolios_____	☒Final Exam_____
☐Projects_____	☐Presentations_____
☐Reports_____	☐Individual Performance_____
☐Clinical Assignments_____	☐Group/Team Performance_____
☒Home Work_____	☐Other_____

3. Assessment of Student Achievement:

☐ Departmental Exam _____	☐ Pre-test/Post-test _____
☐ Follow-on Tracking_____	☐ Simulations_____
☐ Standardized Test_____	☐ Comprehensive Project_____
☐ Portfolio Assessment_____	☐ Other_____

F. EQUIPMENT, FACILITIES, TEXTS, MATERIALS, AND SUPPLIES

1. Special Equipment/Facilities :

☒Lab equipment_____	☐ITV Classroom_____
☒Computer Lab_____	☐Off-Campus Sites_____
☒ CD ROM's_____	☐Testing Center_____
☒Data Projector/Screen_____	☒Other Supplied by Local 190_____
☒VCR_____	☐Other _____
☒TV Monitor_____	☐Other _____

2. Texts:

Title: UA materials supplied by local 190

Author: United Association   Copyright Yr:_____

Publisher:_____   Est. Cost:_____

Title:_____

Author:_____   Copyright Yr:_____

Publisher:_____   Est. Cost:_____

Title:_____

Author:_____   Copyright Yr:_____

Publisher:_____   Est. Cost:_____

Title:_____

Author:_____   Copyright Yr:_____

Publisher:_____   Est. Cost:_____

Additional Texts:

3. Supplies and/or Uniforms students will have to Acquire: (e.g. calculators, uniforms, tools, etc.)
Descriptions   **Cost Estimates**

4. Reference Materials that will be used: (e.g. journals, books, manuals, maps, LRC reserves, etc.)
Title/Name   **Location**

5. Computer Software that will be used:
Title/Name   **Location**

6. Audio/Visual Materials that will be used: (e.g. films, video tapes, slides, audio tapes, CDs, etc.)

Title/Name   **Location**