

**WASHTENAW COMMUNITY COLLEGE
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

CMG 170

SECTION I. SUBMISSION INFORMATION

1. Course:
Discipline/No: CMG 170 **Title:** Construction Graphics **Start Term** 200301

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

<p>2. Type of Approval:</p> <input type="checkbox"/> Full Approval <input checked="" type="checkbox"/> Conditional Approval <hr/> <input type="checkbox"/> This proposal previously received conditional approval for the term: <u>Fall 2002</u>	<p>3. Reason for Submission: This Course is being submitted for: (check all that apply)</p> <input checked="" type="checkbox"/> New Course Approval <input type="checkbox"/> Five-year Syllabus Review <input type="checkbox"/> No changes to course <input checked="" type="checkbox"/> Major Change(s) <input type="checkbox"/> Minor Change(s)* <input type="checkbox"/> Reactivation of Inactive Course <input type="checkbox"/> Inactivation
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*If requesting a change to a course that has conditional approval, please submit a complete syllabus.

4. Change Information:

<p>Minor Changes</p> <input type="checkbox"/> Course Discipline/Number (was _____) <input type="checkbox"/> Course Title (was _____) <input type="checkbox"/> Course Description <input type="checkbox"/> Class Capacity (was: ____) <input type="checkbox"/> Pre or Co-requisites <input type="checkbox"/> Course Objectives (minor changes) <input type="checkbox"/> Distribution of Contact Hours (contact hours were: lect: _____ lab _____ clin _____ other _____) <input type="checkbox"/> Other _____	<p>Major Changes</p> <input checked="" type="checkbox"/> Credit hours (credits were: <u>4</u>) <input type="checkbox"/> Change in Grading Method <input type="checkbox"/> Total Contact Hours (total contact hours were: _____) <input type="checkbox"/> Approval for offering an Honors Section <input type="checkbox"/> Approval for offering Distance Learning Sections <input type="checkbox"/> General Education Distribution Course: Add <input type="checkbox"/> Remove <input type="checkbox"/> <input type="checkbox"/> Pre or Co-requisites (that affect other departments)
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5. Rationale Changes are are being made in response to data from Assessment: yes no
To bring this course more in line with the EMU course that is being taught conjointly for WCC students.

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: Les Pierce Signature: [Signature] Date: 11-05-02
Faculty/Preparer

Print: Les Pierce Signature: [Signature] Date: 11-08-02
Department Chair

2. Division Review

Is this a curricular priority for your division? yes no (Comment _____)

What is the estimated enrollment? _____

Recommendation Yes No [Signature] Date: 11/5/02
Dean's Signature

3. Curriculum Committee Review

Recommendation Yes No _____ Date _____
Curriculum Committee Chair's Signature

4. Vice President for Instruction and Student Services Approval

Approval Yes No [Signature] Date: 11/6/02
Executive Vice President's Signature

ACS Code _____ Entered in Banner 11/6 Entered in Access _____ Log File 11/6/02
Approved for General Education Area/Group _____ Syllabus Date _____

**WASHTENAW COMMUNITY COLLEGE
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

CMG 170

SECTION III. COURSE SYLLABUS

A. COURSE DETAILS

Discipline & No.: CMG 170 **Title:** Construction Graphics

1. Description:

This course covers basic print reading skills for residential and light commercial/industrial projects. It includes symbols and conventions, terminology, print organization, and basic material take-off techniques. It will include refinement of basic sketching and drawing skills.

2. Credit Hours: <u>3</u> If Variable credit. Give Range: _____ to _____ credits If repeatable for credit, how many times _____	3. Contact Hours per Semester: Lecture: <u>45</u> Lab: _____ Clinical: _____ Other: _____ Total Contact Hours: <u>45</u>	4. Class Capacity: <u>24</u>	5. Course Options: <input type="checkbox"/> Distance learning <input type="checkbox"/> Honors <input type="checkbox"/> P/NP Grading
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6. Prerequisite(s) and/or "C" Course	Min Grade	*Concurrent Enrollment	Test Name	Min. Score	**Level "Y"	I II	Other Prerequisites
<input type="checkbox"/> <input type="checkbox"/> _____ _____ <u>CMG 150</u>	<u>C</u>	<input type="checkbox"/>	_____	_____	_____	<input checked="" type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____

Consent Required

7. Corequisites:

8. Course Purpose: <input checked="" type="checkbox"/> Program Requirement <input type="checkbox"/> General Education <input type="checkbox"/> Program Support <input type="checkbox"/> Basic Skills/Developmental <input checked="" type="checkbox"/> Transfer <input type="checkbox"/> Industry/Professional Dev <input type="checkbox"/> Enrichment	If a program requirement, specify the program(s) <u>CTCMG</u> _____ _____ _____	Please send syllabus for Transfer evaluation to: <input checked="" type="checkbox"/> EMU <input type="checkbox"/> UM <input checked="" type="checkbox"/> Ferris State <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Accepted for transfer: <input type="checkbox"/> EMU <input type="checkbox"/> UM <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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9. Terms Course will be offered:				Even years only	Odd years only
Terms	Session Length (e.g. 15 weeks, 1st 7½ weeks, etc.)	Day	Even		
<input checked="" type="checkbox"/> Fall	<u>15</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Winter	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Spr/Summer	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. MAJOR INSTRUCTIONAL UNITS

1. Print Reading Symbols and Conventions
2. Projections
3. Dimensioning
4. Residential Plans
5. Commercial Plans
- 6.

**WASHTENAW COMMUNITY COLLEGE
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

CMG 170

SECTION I. SUBMISSION INFORMATION

1. Course: Discipline/No: <u>CMG 170</u> Title: <u>Construction Graphics</u> Start Term <u>F02</u>			
Division Code: <u>HAT</u> Department Code: <u>CIND</u> Org #: <u>14725</u> Don't publish: <input type="checkbox"/> in College Catalog <input type="checkbox"/> in Time Schedule <input type="checkbox"/> on Web Page			
2. Type of Approval: <input type="checkbox"/> Full Approval <input checked="" type="checkbox"/> Conditional Approval <hr/> <input type="checkbox"/> This proposal previously received conditional approval for the term: _____	3. Reason for Submission: This Course is being submitted for: (check all that apply) <input checked="" type="checkbox"/> New Course Approval <input type="checkbox"/> Five-year Syllabus Review <input type="checkbox"/> No changes to course <input type="checkbox"/> Major Change(s) <input type="checkbox"/> Minor Change(s)* <input type="checkbox"/> Reactivation of Inactive Course <input type="checkbox"/> Inactivation <small>*If requesting a change to a course that has conditional approval, please submit a complete syllabus.</small>		
4. Change Information: <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Minor Changes <input type="checkbox"/> Course Discipline/Number (was _____) <input type="checkbox"/> Course Title (was _____) <input type="checkbox"/> Course Description <input type="checkbox"/> Class Capacity (was: ____) <input type="checkbox"/> Pre or Co-requisites <input type="checkbox"/> Course Objectives (minor changes) <input type="checkbox"/> Distribution of Contact Hours (contact hours were: lect: _____ lab _____ clin _____ other _____) <input type="checkbox"/> Other _____ </td> <td style="width:50%; vertical-align: top;"> Major Changes <input type="checkbox"/> Credit hours (credits were: _____) <input type="checkbox"/> Change in Grading Method <input type="checkbox"/> Total Contact Hours (total contact hours were: _____) <input type="checkbox"/> Approval for offering an Honors Section <input type="checkbox"/> Approval for offering Distance Learning Sections <input type="checkbox"/> General Education Distribution Course: Add <input type="checkbox"/> Remove <input type="checkbox"/> <input type="checkbox"/> Pre or Co-requisites (that affect other departments) </td> </tr> </table>		Minor Changes <input type="checkbox"/> Course Discipline/Number (was _____) <input type="checkbox"/> Course Title (was _____) <input type="checkbox"/> Course Description <input type="checkbox"/> Class Capacity (was: ____) <input type="checkbox"/> Pre or Co-requisites <input type="checkbox"/> Course Objectives (minor changes) <input type="checkbox"/> Distribution of Contact Hours (contact hours were: lect: _____ lab _____ clin _____ other _____) <input type="checkbox"/> Other _____	Major Changes <input type="checkbox"/> Credit hours (credits were: _____) <input type="checkbox"/> Change in Grading Method <input type="checkbox"/> Total Contact Hours (total contact hours were: _____) <input type="checkbox"/> Approval for offering an Honors Section <input type="checkbox"/> Approval for offering Distance Learning Sections <input type="checkbox"/> General Education Distribution Course: Add <input type="checkbox"/> Remove <input type="checkbox"/> <input type="checkbox"/> Pre or Co-requisites (that affect other departments)
Minor Changes <input type="checkbox"/> Course Discipline/Number (was _____) <input type="checkbox"/> Course Title (was _____) <input type="checkbox"/> Course Description <input type="checkbox"/> Class Capacity (was: ____) <input type="checkbox"/> Pre or Co-requisites <input type="checkbox"/> Course Objectives (minor changes) <input type="checkbox"/> Distribution of Contact Hours (contact hours were: lect: _____ lab _____ clin _____ other _____) <input type="checkbox"/> Other _____	Major Changes <input type="checkbox"/> Credit hours (credits were: _____) <input type="checkbox"/> Change in Grading Method <input type="checkbox"/> Total Contact Hours (total contact hours were: _____) <input type="checkbox"/> Approval for offering an Honors Section <input type="checkbox"/> Approval for offering Distance Learning Sections <input type="checkbox"/> General Education Distribution Course: Add <input type="checkbox"/> Remove <input type="checkbox"/> <input type="checkbox"/> Pre or Co-requisites (that affect other departments)		
5. Rationale Changes are being made in response to data from Assessment: yes <input type="checkbox"/> no <input type="checkbox"/> Third course in the Construction Management Transfer Series for ACCE accreditation			

SECTION II. SIGNATURES

1. Department Review Will any new resources be required? No, none anticipated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> You must consult all departments that may be affected by this course. List departments contacted below and attach relevant documents. <u>Mr. Teevens has provided his input to the Curriculum Committee</u> Does the department support approval of this course? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Print: <u>Patricia Crider</u> Faculty/Preparer Signature: <u>Patricia Crider</u> Date: <u>3.26.02</u> Print: <u>Patricia Crider</u> Department Chair Signature: <u>Patricia Crider</u> Date: <u>3.26.02</u>			
2. Division Review Is this a curricular priority for your division? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no (Comment _____) What is the estimated enrollment? <u>20-30</u> Recommendation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Dean's Signature: <u>[Signature]</u> Date: <u>3/21/02</u>			
3. Curriculum Committee Review Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No Curriculum Committee Chair's Signature _____ Date _____			
4. Vice President for Instruction and Student Services Approval Approval <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Executive Vice President's Signature: <u>[Signature]</u> Date: <u>4/13/02</u>			
ACS Code <u>134</u>	Entered in Banner <u>4/18/02</u>	Entered in Access <u>4/18/02</u>	Log File <u>4/18/02</u>
Approved for General Education Area/Group _____		Syllabus Date <u>n/a</u>	

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CMG 170

SECTION III. COURSE SYLLABUS

A. COURSE DETAILS

Discipline & No.: CMG 170 **Title:** Construction Graphics

1. Description:

This course covers basic print reading skills for residential and light commercial/industrial projects. It includes symbols and conventions, terminology, print organization, and basic material take-off techniques. It will include refinement of basic sketching and drawing skills.

2. Credit Hours: <u>04</u> If Variable credit, Give Range: _____ to _____ credits If repeatable for credit, how many times _____	3. Contact Hours per Semester: Lecture: <u>45</u> Lab: <u>15</u> Clinical: _____ Other: _____ Total Contact Hours: _____	4. Class Capacity: <u>24</u>	5. Course Options: <input type="checkbox"/> Distance learning <input type="checkbox"/> Honors <input type="checkbox"/> P/NP Grading
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6. Prerequisite(s) and/or "(*) Course	Min Grade	*Concurrent Enrollment	Test Name	Min. Score	**Level ")	1	2	Other Prerequisites
<input checked="" type="checkbox"/> <u>CMG 150</u>	<u>C</u>	<input type="checkbox"/>	_____	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Consent Required

8. Course Purpose: <input checked="" type="checkbox"/> Program Requirement <input type="checkbox"/> General Education <input type="checkbox"/> Program Support <input type="checkbox"/> Basic Skills/Developmental <input checked="" type="checkbox"/> Transfer <input type="checkbox"/> Industry/Professional Dev <input type="checkbox"/> Enrichment	If a program requirement, specify the program(s) <u>CTCMG</u> _____ _____ _____	Please send syllabus for Transfer evaluation to: <input checked="" type="checkbox"/> EMU <input type="checkbox"/> UM <input checked="" type="checkbox"/> Ferris State _____ _____ _____	Accepted for transfer: <input type="checkbox"/> EMU _____ <input type="checkbox"/> UM _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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9. Terms Course will be offered:					
Terms	Session Length (e.g. 15 weeks, 1 st 7½ weeks, etc.)	Day	Even	Even years only	Odd years only
<input type="checkbox"/> Fall	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Winter	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spr/Summer	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. MAJOR INSTRUCTIONAL UNITS

1. Print reading Symbols and Conventions
2. Projections
3. Dimensioning
4. Residential Plans
5. Commercial Plans

Title: **Construction Graphics**

Course Description:

This course covers basic print reading skills for residential and light commercial/industrial projects. It includes symbols and conventions, terminology, print organization, and basic material take-off techniques. It will include refinement of basic sketching and drawing skills.

Outline:

- I. Print Reading Symbols and Conventions
- II. Projections
- III. Dimensioning
- IV. Residential Plans
- V. Commercial Plans