For help screens, select a field and press F1

SECTION I. SUBMISSION INFORMATION

1. Course: (Enter proposed discipline, number & title here.)
Discipline/No: CSS 215   **Title:** Managing Network Security II   **Start Term** Fall 2003
Banner allows only 29 characters and spaces. for the title. Longer titles will have to be abbreviated.

Division Code: BCT	Department Code: CISD	Org #: 13400	Don't publish: ☐ in College Catalog ☐ in Time Schedule ☐ on Web Page

2. Type of Approval: (applies to both new courses and changes)
☐ Full Approval
☒ Conditional Approval

☐ This proposal previously received conditional approval for the term:_____

3. Reason for Submission: This Course is being submitted for: (check all that apply)
☒ New Course Approval (Skip 4 and go directly to 5.)
☐ Five-year Syllabus Review ☐ No changes to course (Submit complete syllabus)
☐ Major Change(s) (Submit complete syllabus)
☐ Minor Change(s)* (For fully approved courses, submit revised sections only.)
☐ Reactivation of Inactive Course
☐ Inactivation (Submit this page only.)
*If requesting a change to a course that has conditional approval, please submit a complete syllabus.

4. Change Information: (Check all that apply. Make proposed changes in Section III. Course Syllabus.)

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 (will be reviewed by Curriculum Committee.)
☐ Credit hours (credits were: _____)
☐ Change in Grading Method
☐ Total Contact Hours (total contact hours were: _____)
☐ Approval for offering an Honors Section (Attach Approval Form.)
☐ Approval for offering Distance Learning Sections (Attach Distance Learning Approval Form)
☐ General Education Distribution Course: Add☐ Remove☐ (Attach General Education Course Approval Form)
☐ Pre or Co-requisites (that affect other departments)

5. Rationale: (for new course or course change) Changes are are being made in response to data from Assessment: yes☐ no☐
This is one of five initial courses to be offered under the terms of an anticipated NSF Grant for certficate and degree programs in Computer Systems Security.

SECTION II. SIGNATURES

1. Department Review (To be completed by department chair)
Will any new resources be required? No, none anticipated ☐   Yes ☐ (If yes, attach list with projected costs)
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 (if no, initial and return to preparer with rationale.)

Print: Phil Geyer   Signature _[signature]_   Date: 4-10-03
        Faculty/Preparer
Print: Michael Galea   Signature _[signature]_   Date: 4-10-03
        Department Chair

2. Division Review (To be completed by division dean; if recommendation is no, initial and return to department with rationale.)
Is this a curricular priority for your division? ☒ yes   ☐ no (Comment _____)
What is the estimated enrollment? 48 - 72 per semester

Recommendation ☒ Yes ☐ No   _[signature]_ Dean's/Administrator's Signature   4-10-03   Date

3. Curriculum Committee Review (Attach additional comments if necessary and forward to Executive Vice President.)

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

4. Vice President for Instruction and Student Services Approval (Attach additional comments if necessary.)

Approval ☒ Yes ☐ No   _Roger M. Paley_ Vice President's Signature   Processed.. 4/21/03 Date

ACS Code	Entered in Banner 4/30	Entered in Access 4/30	Log File 4/30

Approved for General Education Area/Group   Syllabus Date   MAY 1 9 2003

SECTION III. COURSE SYLLABUS

For help screens press F1.

A. COURSE DETAILS (Start with #1.)

Discipline & No.: CSS 215   Title: Managing Network Security II

Course and title will automatically appear above upon saving or previewing

1. Description: (Please be brief. Explain acronyms if used.)

This course will expose the student to various defense methodologies associated with Virtual Private Networks (VPN), Host Intrusion Detection Systems, and Network Intrusion Detection Systems (NIDS). Students will also be introduced to the best practices associated with properly securing business critical network systems using VPNs.

2. Credit Hours: ___4___

If Variable credit, Give Range:
___ to ___ credits

If repeatable for credit, how many times _____

3. Contact Hours per Semester:
Lecture: __40__ N6
Lab: _____
Clinical: _____
Other: _____
Total Contact Hours: _40_

4. Class Capacity:
__20__
(If nonstandard, attach Class Capacity Exception form.)

5. Course Options:
☐ Distance learning (Attach DL Form)
☐ Honors (Attach Honors Addendum.)
☐ P/NP Grading

6. Prerequisite(s)

and/or "("		Course	Min Grade	*Concurrent Enrollment	Test Name	Min. Score	")"	**Level I	II	Other Prerequisites
☐	☐	CSS 210	C	☐	_____	_	_	☐	☒	_____
☐	☐	_____	__	☐	_____	_	_	☐	☐	_____
☐	☐	_____	__	☐	_____	_	_	☐	☐	_____
☐	☐	_____	__	☐	_____	_	_	☐	☐	_____
☐	☐	_____	__	☐	_____	_	_	☐	☐	
☐	☐	_____	__	☐	_____	_	_	☐	☐	Consent Required ☐
☐	☐	_____	__	☐	_____	_	_	☐	☐	**7. Corequisites:** (limit of 2)
☐	☐	_____	__	☐	_____	_	_	☐	☐	_____

* Can take prerequisite before or concurrently with this course.
**Level I is enforced in Banner; Level II is enforced by instructor on 1st day of class.

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)

Computer Security Specialist I
_____
_____
_____
_____
_____

Please send syllabus for Transfer evaluation to:
☒ EMU
☒ UM
☒ CMU
☐
☐
☐
☐

Accepted for transfer:
(attach documentation)
☐ EMU_____
☐ UM_____
☐
☐
☐
☐

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	7.5 weeks, 15 weeks	☒	☒	☐	☐
☐ Winter	_____	☐	☐	☐	☐
☐ Spr/Summer	_____	☐	☐	☐	☐

B. MAJOR INSTRUCTIONAL UNITS A major instructional unit is a grouping of topics that naturally relate to one another. Add additional numbers as needed. (This section is unprotected so that you can cut and paste from other documents.

1. Overview of VPN and IPSec Technologies

2. Firewall concepts, principles, and types

3. Firewall selection, configuration, and employment

4. Securing a Web Server

5. Securing e-Commerce

6. HIDS concepts and principles

7. NIDS concepts and principles

8. Incident Response

Office of the Vice President
Instruction and Student Services

APPROVAL FORM
MAXIMUM CLASS CAPACITY EXCEPTION

Please indicate the type of maximum class capacity exception.

1. ☐ Situational Exception   2. ☐ Phased Exception   3. ☒ Long-Term Exception

Part A: COURSE INFORMATION

Disc/Num: _Css 215_   Course Title: _Managing Network Security II_

Site and/or location: _TI 104_

Part B: RECOMMENDED MAXIMUM CLASS CAPACITY
1. Lecture maximum class capacity   _20_
2. Laboratory maximum class capacity   _20_
3. Clinical maximum class capacity   _____
4. Practicum (e.g., Co-op, Intern/Externship) maximum class capacity   _____

EFFECTIVE TERM(S)   _Fall 2003_

Part C: RATIONALE (Attach additional sheets as needed)

Need Cisco Lab. (TI 104), Lab seats 20 persons max.

Signatures: _[signature]_   Date: _4-11-03_
Faculty member/Department Chair

[signature]   Date: _4-11-03_
Dean

Part D: APPROVAL

_____   Approved
_____   Returned (Additional information is needed to support the recommendation)
_____   Not Approved because:

Signature:

_____   Date:_____
Vice President, Instruction and Student Services

CC: Dean and Department Chair