

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

**GRM 110**

For help screens, select a field and press F1

**SECTION I. SUBMISSION INFORMATION**

**1. Course:** (Enter proposed discipline, number & title here.)  
**Discipline/No:** GRM 110    **Title:** Intermediate Conversational German    **Start Term** Fall 2002  
 Banner allows only 29 characters and spaces, for the title. Longer titles will have to be abbreviated.

**Division Code:** HSS    **Department Code:** FLGD    **Org #:** \_\_\_\_\_    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**    *eff 199201*  
 Course Discipline/Number (was GRM 121)  
 Course Title (was n/a)  
 Course Description  
 Class Capacity (was: 25)  
 Pre or Co-requisites  
 Course Objectives (minor changes)  
 Distribution of Contact Hours (contact hours were:  
 lect: \_\_\_\_\_ lab \_\_\_\_\_ clin \_\_\_\_\_ other \_\_\_\_\_)  
 Other Delete Text Information

**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 being made in response to data from Assessment: yes  no   
 1. Integrity of sequencing; 2. Text/Materials at discretion of instructor

**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: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
    Faculty/Preparer  
 Print: Rosalyn Biederman    Signature See attached for signatures    Date: \_\_\_\_\_  
    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? \_\_\_\_\_  
 Recommendation     Yes     No    Bon Abernethy  
    Dean's Signature    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    \_\_\_\_\_  
    Executive Vice President's Signature    Date 2/22

ACS Code \_\_\_\_\_ Entered in Banner 3/5/02 Processed 3/5/02 Log File 3/5/02  
 Approved for General Education Area/Group \_\_\_\_\_ Syllabus Date 200209  
 APR 15 2002

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**SECTION I. COURSE SUBMISSION INFORMATION**

1. Course: (Enter proposed discipline, number & title here. If changing the number or title of an existing course, give old number or title in box 4 below.)  
 Discipline/No: GERM 110 Title: INTERMEDIATE CONVERSATIONAL GERMAN  
 Banner allows only 29 characters and spaces, for the title. Longer titles will have to be abbreviated.  
 Division Code: HSS Department Code: PLG Effective Term: FALL 2002  Do not publish on the Time Schedule  
 Do not publish in College Catalog

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, you can submit this page and revised sections.)  
 Reactivation of Inactive Course  
 Inactivation (Submit this page only.)  
 \*When requesting a change to a course that has only conditional approval, you must 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 121 TO 110)  
 Course Title (was \_\_\_\_\_)  
 Course Description  
 Class Capacity (was: \_\_\_\_\_)  
 Pre or Corequisites  
 Course Objectives (minor changes)  
 Distribution of Contact Hours (old contact hours were: lect: \_\_\_\_\_ lab \_\_\_\_\_ clin \_\_\_\_\_ other \_\_\_\_\_)  
 Other DELETE TEXT INFORMATION

**Major Changes** (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 Honors Approval Form.)  
 Approval for offering Distance Learning Sections (Attach Distance Learning Approval Form)  
 Other \_\_\_\_\_

5. Rationale: (for new course or changes)  
1) INTEGRITY OF SEQUENCING 2) TEXT/MATERIALS AT DISCRETION OF INSTRUCTOR

**SECTION II. COURSE REVIEW INFORMATION AND SIGNATURES**

1. Department Review (To be completed by department chair)  
 Will any new resources be required?  yes (Attach Resource Form)  No new resources are anticipated.  
 Which departments, that may be affected by this course, have been consulted? \_\_\_\_\_  
 (Attach any relevant documentation)  
 Does the department support approval of this course?  yes  no (if no, initial and return to preparer with rationale.)  
 Print: R. BIEDERMAN Signature R. Biedermaan Date: 1/29/02  
 Faculty/Preparer  
 Print: R. BIEDERMAN Signature R. Biedermaan Date: 1/29/02  
 Department Chair

2. Division Review (To be completed by division dean; if recommendation is no, initial and return to department with rationale attached.)  
 Is this a curricular priority for your division?  yes  no (Comment \_\_\_\_\_)  
 What is the estimated enrollment? \_\_\_\_\_  
 Recommendation  Yes  No  
 \_\_\_\_\_  
 Dean's Signature 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  
 \_\_\_\_\_  
 Executive Vice President's Signature Date

ACS Code \_\_\_\_\_ Entered in Banner \_\_\_\_\_ Entered in Access \_\_\_\_\_ Log File \_\_\_\_\_  
 Approved for General Education Area/Group \_\_\_\_\_ New Syllabus Date \_\_\_\_\_

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**SECTION III. COURSE SYLLABUS**

For help screens press F1.

**A. COURSE DETAILS (Start with #3. Course and title will automatically appear in 1 and 2 below upon saving or previewing)**

1. Course Discipline & No.: \_\_\_\_\_ 2. Title: \_\_\_\_\_

3. Description: (Please be brief. Explain acronyms if used.)  
\_\_\_\_\_

4. Credit Hours: _____ If Variable credit, Give Range: _____ to _____ credits  If repeatable for credit, how many times _____	5. Contact Hours per Semester: Lecture: 0.0 Lab: 0.0 Clinical: 0.0 Other: 0.0 Total Contact Hrs: 0.0	6. Class Capacity: _____ <del>30</del> <b>25</b> (If nonstandard, attach Class Capacity Exception form.)	7. Course Options: <input type="checkbox"/> Distance learning <input type="checkbox"/> Honors (Complete Honors Addendum.) <input type="checkbox"/> P/NP Grading
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8. Prerequisites Course	Min. Grade	Concurrent* Enrollment	Level**			Test Name	Minimum Score	Level		9. Corequisite course(s): (limit of 2)
			I	II	and or			I	II	
_____	D-	<input type="checkbox"/> yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	D-	<input type="checkbox"/> yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>S</i> _____	D-	<input type="checkbox"/> yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	D-	<input type="checkbox"/> yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	D-	<input type="checkbox"/> yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	D-	<input type="checkbox"/> yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	D-	<input type="checkbox"/> yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

\* Can take prerequisite before or concurrently with this course.  
\*\*Level I is enforced in Banner; Level II is enforced 1<sup>st</sup> day of class

<b>10. Course Purpose:</b> <input type="checkbox"/> Program Requirement <input type="checkbox"/> General Education <input type="checkbox"/> Program Support <input type="checkbox"/> Basic Skills/Developmental <input type="checkbox"/> Transfer <input type="checkbox"/> Industry/Professional Dev <input type="checkbox"/> Enrichment	<b>If a program requirement, specify the program(s)</b> _____ _____ _____	<b>Please send syllabus for Transfer evaluation to:</b> <input type="checkbox"/> EMU <input type="checkbox"/> UM <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Accepted for transfer: (attach documentation)</b> <input type="checkbox"/> EMU <input type="checkbox"/> UM <input type="checkbox"/> _____ <input type="checkbox"/> _____
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**B. MAJOR INSTRUCTIONAL UNITS** A major instructional unit is a grouping of topics that naturally relate to one another. List the major instructional units for this course. Add additional numbers as needed. (You can cut and paste from other documents.)

1. \_\_\_\_\_
2. \_\_\_\_\_

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**SECTION III. COURSE SYLLABUS**

**A. COURSE DETAILS (Start with #1.)**

**Discipline & No.:** GRM 110    **Title:** Intermediate Conversational German

Course and title will automatically appear above upon saving or previewing

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

This course is a continuation of GRM 120, Conversational German. It emphasizes a conversational approach to the German language and includes instruction in the German culture including shopping, mass media, travel, social interactions, theatre and film. Emphasis is placed on speaking and listening comprehension. *This course does not satisfy four year college language requirements.*

<b>2. Credit Hours:</b> <u>2</u> If Variable credit, Give Range: _____ to _____ credits  If repeatable for credit, how many times _____	<b>3. Contact Hours per Semester:</b> Lecture: <u>30</u> Lab: _____ Clinical: _____ Other: _____ Total Contact Hours: <u>30</u>	<b>4. Class Capacity:</b> <u>30</u> (If nonstandard, attach Class Capacity Exception form.)	<b>5. Course Options:</b> <input type="checkbox"/> Distance learning (Attach DL Form) <input type="checkbox"/> Honors (Attach Honors Addendum.) <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"	Other Prerequisites	
						I	II
<input type="checkbox"/> GRM 109/120		<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 1 semester college GRM		<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:** (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.

<b>8. Course Purpose:</b> <input 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 checked="" type="checkbox"/> Enrichment	<b>If a program requirement, specify the program(s)</b> _____ _____ _____	<b>Please send syllabus for Transfer evaluation to:</b> <input checked="" type="checkbox"/> EMU <input checked="" type="checkbox"/> UM <input checked="" type="checkbox"/> MSU <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Accepted for transfer:</b> (attach documentation) <input type="checkbox"/> EMU _____ <input type="checkbox"/> UM _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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9. Terms Course will be offered:		Day	Eve	Even years only	Odd years only
<b>Terms</b>	<b>Session Length</b> (e.g. 15 weeks, 1 <sup>st</sup> 7½ weeks, etc.)				
<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** 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. Illness and Health
2. Day-to-Day Experience
3. Getting Oriented in the German City
4. Buying and Giving Gifts
5. German Language and Culture

### C. INSTRUCTIONAL OBJECTIVES

DIRECTIONS: Use student outcomes-based language. (Example: Upon visiting a gravel pit students will observe, analyze and describe in one page the weathering processes.) Units should match those listed in Section B.

(This section is unprotected. You may cut and paste from other documents as needed.)

#### **Unit 1 Illness and Health**

The student will be able to:

1. Describe ailments and give health advice in German.
2. Urge others to action in German.
3. Disagree with others' opinions.
4. Narrate how something occurred.
5. Practice and show working knowledge of the possessive article, the modal auxiliary *sollen*, the *du*-imperative, and the perfect tense.
6. Simulate conversation at the doctor's office and at the train station in German.

#### **Unit 2 Day-to-Day Experience**

The student will be able to:

1. Give information about events and activities in German.
2. Confirm and pass on information in German.
3. Give work instructions in German.
4. Narrate past events in the perfect tense.
5. Practice and demonstrate working knowledge of the perfect tense, adverbs of direction, and the accusative pronoun.
6. Simulate conversation at the office (at work) and a letter to a friend.

#### **Unit 3 Getting Oriented in the German City**

The student will be able to:

1. Indicate locations and directions in German.
2. Describe how to find one's way to locations.
3. Name advantages and disadvantages.
4. Practice and show working knowledge of accusative/dative prepositions.
5. Simulate finding one's way around Berlin.

#### **Unit 4 Buying and Giving Gifts**

The student will be able to:

1. Express wishes in German.
2. Make, reject, and welcome gift suggestions in German.
3. Write an invitation in German.
4. Express dream purchases.
5. Practice and show working knowledge of the dative case, the comparative and superlative, and accusative demonstrative pronouns.
6. Simulate shopping at an art fair in German.

#### **Unit 5 German Language and Culture**

The student will be able to:

1. Relate biographical facts in German.
2. Give geographical information in German.

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3. Inquire how to get places within Germany.
4. Request and supply dates in German.
5. Practice and show working knowledge of the genitive case.
6. Show knowledge of German dialect variations, and German music, literature, and art.

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**D. INSTRUCTIONAL METHODS, EVALUATION CRITERIA, AND ASSESSMENT**

**1. Instructional Methods:** (Check the appropriate boxes and describe as needed.)

<input checked="" type="checkbox"/> Lecture/Discussion _____ <input type="checkbox"/> Clinical Instruction _____ <input checked="" type="checkbox"/> Laboratory Assignments _____ <input checked="" type="checkbox"/> Internet Assignments _____ <input checked="" type="checkbox"/> Computer Simulations _____ <input type="checkbox"/> On-Site Work Experience _____ <input type="checkbox"/> Team Assignments _____ <input type="checkbox"/> Demonstrations _____	<input type="checkbox"/> Performances _____ <input type="checkbox"/> Group Critiques _____ <input type="checkbox"/> Field Trips _____ <input type="checkbox"/> Telecourse _____ <input type="checkbox"/> ITV Course _____ <input type="checkbox"/> Self-Paced Instruction _____ <input checked="" type="checkbox"/> Other <u>Modeling, cooperative learning, role play, speaking, listening, reading, writing, vocabulary, grammar, pronunciation, cultural presentation, cluster work, partner work</u> _____ <input type="checkbox"/> Other _____
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**2. Evaluation Criteria:**

<input checked="" type="checkbox"/> Attendance _____ <input checked="" type="checkbox"/> Class Discussion _____ <input checked="" type="checkbox"/> Papers _____ <input type="checkbox"/> Portfolios _____ <input checked="" type="checkbox"/> Projects _____ <input checked="" type="checkbox"/> Reports _____ <input type="checkbox"/> Clinical Assignments _____ <input checked="" type="checkbox"/> Home Work _____	<input checked="" type="checkbox"/> Quizzes _____ <input checked="" type="checkbox"/> Tests _____ <input type="checkbox"/> Midterm _____ <input checked="" type="checkbox"/> Final Exam _____ <input checked="" type="checkbox"/> Presentations _____ <input checked="" type="checkbox"/> Individual Performance _____ <input checked="" type="checkbox"/> Group/Team Performance _____ <input type="checkbox"/> Other _____
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**3. Assessment of Student Achievement:** (Indicate methods that will be used for NCA mandated assessment of student academic achievement at the course and (if applicable) general education levels)

<input type="checkbox"/> Departmental Exam _____ <input type="checkbox"/> Follow-on Tracking _____ <input type="checkbox"/> Standardized Test _____ <input type="checkbox"/> Portfolio Assessment _____	<input type="checkbox"/> Pre-test/Post-test _____ <input type="checkbox"/> Simulations _____ <input type="checkbox"/> Comprehensive Project _____ <input type="checkbox"/> Other _____
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**F. EQUIPMENT, FACILITIES, TEXTS, MATERIALS, AND SUPPLIES**

**1. Special Equipment/Facilities :** (Check the appropriate boxes and describe as needed.)

<input checked="" type="checkbox"/> Lab equipment <u>Language Lab</u> _____ <input checked="" type="checkbox"/> Computer Lab <u>Tutorial, Internet</u> _____ <input type="checkbox"/> CD ROM's _____ <input type="checkbox"/> Data Projector/Screen _____ <input checked="" type="checkbox"/> VCR _____ <input checked="" type="checkbox"/> TV Monitor _____	<input type="checkbox"/> ITV Classroom _____ <input type="checkbox"/> Off-Campus Sites _____ <input checked="" type="checkbox"/> Testing Center When Needed _____ <input checked="" type="checkbox"/> Other <u>LRC - Video and Audio Programs</u> _____ <input checked="" type="checkbox"/> Other <u>Tape Recorder, Overhead Projector, Slide Projector, CD Player</u> _____ <input type="checkbox"/> Other _____
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**2. Texts:** (Please indicate if no text is required.)

Title: As Determined by Instructor

Author: \_\_\_\_\_ 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
<u>Cassettes / CD to Accompany Text (if used)</u>	<u>\$20.00</u>
<u>Themen New I Glossary</u>	<u>\$10.00</u>
_____	_____

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

Title/Name	Location
<u>German-English / English-German Dictionary</u>	_____
<u>Internet</u>	_____

**5. Computer Software that will be used:**

Title/Name	Location
<u>Theman Neu I, Tutorial Software (if used)</u>	<u>Language Lab</u>
_____	_____
_____	_____

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

Title/Name	Location
<u>Themen New I, Audio Program</u>	<u>LRC, Language Lab</u>
_____	_____
_____	_____