For help screens, select a field and press F1

SECTION I. COURSE SUBMISSION IN	FORMATION	********		
	Title: PHO Co-op Ed	ucation 1	uninis e se s e s e s e se e se e se e se	old number or title in box 4 below.)
Banner allows only 29 characters and space				☐ Do not publish on the Time Schedule
Division Code: <u>BCT</u> Depar	tment Code: <u>V</u>	AT	Effective Term: Win 2002	— ☐ Do not publish in College Catalog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:	☐ New Cot ☐ Five-yea ☐ Major Cl ☐ Minor Cl ☐ Reactiva ☐ Inactivat	rse Approva r Syllabus R nange(s) (Su nange(s)* (F tion of Inact ion (Submit	ive Course this page only.)	
4. Change Information: (Check all that ap				
Minor Changes Course Discipline/Number (was Course Title (was Course Description Class Capacity (was: Pre or Corequisites Course Objectives (minor changes) Distribution of Contact Hours (old colect: lab Clin Other	ontact hours were:	Majo _)	r Changes (Major changes will be redit hours (credits were:	hours were:) ection (Attach Honors Approval Form.) rning Sections (Attach Distance Learning
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5. Rationale: (for new course or changes))			
SECTION II. COURSE REVIEW INFO	DMATION AND S	ICNATUR	PC	
1. Department Review (To be completed			22.5 	
Will any new resources be required? Which departments, that may be affec (Attach any relevant documentation) Does the department support approval Print: Faculty/Preparation	yes (Attach Resorted by this course, hoof this course?	urce Form) ave been cor yes no	nsulted?)
Print: Print: Department C	Mul Signat	ure		Date: 124000
2. Division Review (To be completed by Is this a curricular priority for your div What is the estimated enrollment? Recommendation Yes \(\sigma\) No	ision? yes	no (Comn		tment with rationale attached.)
3. Curriculum Committee Review (Atta	en en la company de la comp		sary and forward to Executive Vi	ce President.)
Recommendation Yes No				Date
4. Vice President for Instruction and S	tudent Services Ap	oroval (Atta	ch additional comments if necess	ary.)
Approval Yes No	17	///	Millian)//27
ACS Code Entered in Approved for General Education Area/Group	Banner 2/8			1 Log File 12/2/01 200] IN

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SECTION III. COURSE SYLLABUS

For help screens press F1.

A. COURSE DETAILS (Start with #3. Course and title will automatical	ally appear in 1 and 2 below upon saving or previewing)
1. Course Discipline & No.: PHO 174 2. Title: PHO Co-op Educ	eation 1
3. Description: (Please be brief. Explain acronyms if used.) Students are placed in an approved industry-related work experience to Together with the instructor and the employer, students set up work assi and/or studio learning with career-related work experiences. This is the 120 contact hours = 1 credit 240 contact hours = 2 credits 360 contact	gain skills and knowledge offered by an employer. gnments and learning objectives to connect classroom, lab, first of two possible co-op experiences.
4. Credit Hours: 5. Contact Hours per Semester: If Variable credit, Give Range: Lecture: 0.0 Lab: 0.0 Clinical: 0.0 Clinical: 0.0 Total Contact Hours per Semester:	6. Class Capacity: 30
PHO 111 D- Lyes	Minimum Score I II Climit of 2) Climit of 2
10. Course Purpose: Program Requirement General Education Program Support Basic Skills/Developmental Transfer Industry/Professional Dev Enrichment	Please send syllabus for Transfer evaluation to:

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. Work agreement
- 2. Plan of work
- Final report 3.

D. INSTRUCTIONAL OBJECTIVES

DIRECTIONS: Units should match those listed in Section B above. Use student outcome-based language. (Example: The student will be able to describe orally and in writing, the conventions of Shakespeare's histories.) If desired you may add a section of "overall course objectives" which are not associated with a specific unit.

Unit Objectives

Unit #1 Work Agreement

1 The student with the instructor and employer will complete a Cooperative Education Work Agreement which will include hours of work, location, rate of pay, and specific assignments.

Unit #2 Plan of Work

Using the Student Learning Objectives Form, the student with the instructor and employer will complete a learning plan for the semester. This plan will include a minimum of three learning objectives and criteria for evaluation specific to the student's work experience.

Unit #3 Final Report

- Using the Student Report on Cooperative Work Experience Form, the student will write a final report on the COOP experience containing the following items:
- A description of the assignment
- A summary of skills and abilities used on the job
- Ways in which coursework was integrated into job tasks
- An assessement of how well the objectives established at the beginning of the assignment were achieved.
- Other reactions to and/or impressions of the experience.

E. INSTRUCTIONAL METHODS AND EVAL 1. Instructional Methods: (Check the appropriate	
Lecture/Discussion	Trial main
Clinical Instruction	Team Assignments
Laboratory Assignments	Demonstrations
☐ Internet Assignments	Telecourse
Computer Simulations	Interactive TV
On-Site Work Experience	Self-Paced Learning
Other	
2. Evaluation Criteria: Attendance	Quizzes
Class Discussion	Tests
Papers	Midterm
Portfolio	Final Exam
Projects	Home Work
Reports	Presentations
Clinical/Work	☐ Individual Performance
Other	Group Performance
3. Attendance Requirements: (For Certification	or nonevaluative purposes.)
F. EQUIPMENT, FACILITIES, TEXTS, MAT 1. Special Equipment/Facilities: (Check the app Lab equipment	ropriate boxes and describe as needed.)
LRC Reserves	Student Competitions
Computers	Off-Campus Sites
CD ROM's	Student Tutors
□ VCR	Distance Learning Classroom
TV Monitor	☑ Other Faculty site visits

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Author:	Copyright Yr:
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Publisher:	Est. Cost:
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Author:	Copyright Yr:
Publisher: Additional Texts:	Est. Cost:
Descriptions	
4. Reference Materials Students Will Use:	
(e.g. journals, books, manuals, maps, LRC reserves, etc.)	
Title	Source/Location
	Source/Location
5. Computer Software That Will Be Used:	
5. Computer Software That Will Be Used: Title/Name	
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5. Computer Software That Will Be Used: Title/Name 6. Audio/Visual Materials That Will Be Used: (e.g. films, vic	Source/Location eo tapes, slides, audio tapes, CDs, etc.)

Subject: PHO course prerequisites

Date: Mon, 29 Oct 2001 13:49:34 -0500

From: Terry Abrams <tabrams@wccnet.org>

Organization: Washtenaw Community College

To: pcygnar@wccnet.org

Hi Pat:

Please change all courses with PHO prefixes to Level II prerequisites, so that Banner does not prevent anyone from registering for PHO courses. The faculty will help students directly on the first day of class. Thanks,

Terry Abrams

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Blanket approval

Course Change