## **COURSE CHANGE APPLICATION**

## University of Washington Curriculum Review Committee

For Office Use Only:	(c)
Prefix (new if changing, 6 characters max.)	Number (new if changing)
PBAF	563
Offered jointly with:	
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Jan Dalam Roviou John Mictor		Offered Jointly Will	·
College or School Department	Date		
Evans School of Public Affairs		July 23, 2008	
Course Title (list existing title or new title if changing	Credi	ts (list existing credits or	r new credits if changing)
Seminar in Urban Planning and Policy		` 3	3 37
PURPOSE OF REQUEST (Check all that approximately serviced in the serviced serviced in the serviced serviced in the serviced	oply)		
X Permanent change, to be effective Win	Quarter 2009 .		
☐ Temporary change, to be effective	Quarter 20 through Quarter 20	<u> </u>	
·	OLD (CURRENT) DATA	NEW DATA	
☐ Change prefix and/or number			
☐ Change course title *			
☐ Change abbreviated title (19 spaces max.) *(Must be changed if changing course title, type in CAPS)			
☐ Change credits			
☐ Change prerequisites ☐ Enforce prerequisite cancellation			
<ul> <li>□ Add joint status</li> <li>□ Change course description</li> <li>□ Change to permanent CR/NC only</li> <li>□ Change contact hours</li> <li>X Drop course</li> </ul>	☐ Drop joint status ☐ Change Areas of Knowledge (o☐ Drop permanent CR/NC only☐ Allow course to be offered with		,
Attach a course syllabus/outline and readin	g list if requesting an increase in course level or cr	edits or a substantial ch	ange in content.
JUSTIFICATION and CONTACT INFORMAT Explain why this change is being proposed, it course. Please list contact information for information that was being taught in this elective.	ncluding its relationship to your overall curricudividual(s) submitting this application. (Attach	additional sheet if ne	before and after the ecessary.)
Contact Name: Ann Marie Borys	Phone: X58983 Email: ambor	ys@u.washington.ed	Box #: 353055
3. CATALOG DATA/COURSE DESCRIP Check all applicable Areas of Knowledge co	TION (Complete only if changed. Must bategories 🗆 VLPA 🗆 I&S 🗆 NW 🗆 QSR	e double spaced.) □ <b>C</b>	
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Optional Catalog information (include only if yo	u want this information listed in the General C	atalog description):	
	curriculum vitae for any instructor not now on the Ur		
Quarter(s) offered (A, W, Sp, S)	· · · · · · · · · · · · · · · · · · ·		

Contact hours per week						
Lecture	Laboratory	**************************************				
Quiz section	Studio	<u>.</u>				
Seminar	Other*					
*Attach explanation and just			TO	TAL WEEKLY CONT	ACT HOURS:	
How many additional hours each week in preparation for		to spend	TO	TAL WEEKLY OUTS	IDE HOURS:	
					ACT AND OUTSIDE H	OURS:
. If variable credit, how will the	e number of credits awarde	ed be related	to the amount	of student effort requ	ired?	
c. How will students be evalua	ted for credit or grades? P	rovide specific	: information o	n assignments proje	cts exams etc and rel	ative % for each
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STUDENTS (Complete only	it changed)					
a. Anticipated enrollment per q	uarter:					
. Types of students expected	(undergraduate majors ur	ndergraduate	non-maiors, ar	aduate or profession:	al students):	
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EARNING OBJECTIVES	(Complete only if changing	ng credits or c	ourse descripti	on)		
What are the primary learning of	bjectives for the course?					
JOINT COURSE						
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List all departments, schools, or (If units from more than one sch	Course prefix and number  HOOLS, OR DEPART atter currently dealt with by	Add joint status  MENTS All y any other United States	Drop joint status  FECTED niversity units,	be filed by each.)	Signature of chair	s application for
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## **COURSE CHANGE APPLICATION**

## **University of Washington Curriculum Review Committee**

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Prefix (new if changing, 6 characters max.)



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Offered joi

Offered jointly with:	
PBAF	563

College or School Department College of Architecture and Urban Plan	ning, Dept. of Urban Des	Date sign and Planning	Sept 3, 2008	
Course Title (list existing title or new title if changing Seminar in Urban Planning and Policy	i)	Credi	ts (list existing credits o	r new credits if changing)
1. PURPOSE OF REQUEST (Check all that a	pply)			
x Permanent change, to be effective Win Qua	arter 20 <u>09</u> .			
☐ Temporary change, to be effective		Quarter 20		
	OLD (CURRENT) DATA		NEW DATA	
☐ Change prefix and/or number				
☐ Change course title *				
☐ Change abbreviated title (19 spaces max.) *(Must be changed if changing course title, type in CAPS)				
☐ Change credits				
☐ Change prerequisites ☐ Enforce prerequisite cancellation				
☐ Add joint status ☐ Change course description ☐ Change to permanent CR/NC only ☐ Change contact hours ☐ Drop course  Attach a course syllabus/outline and reading	☐ Drop perm ☐ Allow cour	reas of Knowledge ( <u>o</u> anent CR/NC only se to be offered with	nly if changing course DL status (DL addende	um attached)
<ol> <li>JUSTIFICATION and CONTACT INFORMA Explain why this change is being proposed, course. Please list contact information for in This course has not been offered in several year</li> </ol>	including its relationship to ndividual(s) submitting this	application. (Attach	additional sheet if n	before and after the ecessary.)
Contact Name: Ann Marie Borys	Phone: X58983	Email: amborys@u.w	vashington.edu	Box #: 353055
3. CATALOG DATA/COURSE DESCRIF Check all applicable Areas of Knowledge of (50-word limit)	PTION (Complete only if categories DVLPA DIS	changed. Must b	e double spaced.)	
			•	
Optional Catalog information (include only if y	ou want this information list	ed in the <i>General C</i>	Catalog description):	
Names and ranks of probable instructors (Include				
Quarter(s) offered (A, W, Sp, S)				

Contact hours per week	: 1 credit represents a total tim					
Lecture	Laboratory					
Quiz section	Studio					
Seminar	— Other*					
	stification for "other" contact ho	ours.	TC	TAL WEEKLY CONT.	ACT HOURS:	
How many additional hour	s will a student be expected to	spend				
each week in preparation				TAL WEEKLY OUTS	IDE HOURS: ACT AND OUTSIDE HO	IIRS:
	the number of credits awarded	h -4				orto.
b. If variable credit, how will						
c. How will students be evalu	uated for credit or grades? Prov	ride specific	information o	on assignments, proje	cts, exams, etc. and rela	tive % for each a
STUDENTS (Complete on	y if changed)					
a. Anticipated enrollment pe	quarter:					
b. Types of students expecte	ed (undergraduate majors, unde	ergraduate	non-majors, c	raduate or profession	al students):	
2. Typoo of olddorno oxpool	\ 3J, <b></b>	<b>J</b>	, , ,	·	•	
LEARNING OBJECTIVI	ES (Complete only if changing	credits or o	course descrip	tion)		
What are the primary learning	objectives for the course?					
	•					
JOINT COURSE						
List all departments, schools,	or colleges participating. Joint	course app	lications requ	ire a signature from e	ach unit.	-
(If units from more than one s	school or college participate, a s	separate ap	oplication mus	t be filed by each.)		
Name of unit	Course prefix	Add	Drop			
(List the unit responsible for administering the course first)	and number	joint status	joint status		Signature of chair	
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Dept of Urban Des. & Planning	URBDP 563		X	Frank U	Estutun	
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