REAL Curriculum Program Alignment Proposal

er dept/school name: Communication ences and Disorders	Date:	September 30, 2020
\square BBA \square BSN \square BM \square BFA \square BSW \square Minor \square	Certifica	ate
ation Sciences and Disorders		
nation Sought (check all that apply):	IR □	E □A ⊠L
ne Millar, dcmillar@radford.edu		
D 225, 301, 315, 316, 323, 330, 401, 403, 421	L, 425, 4	38, 454, 455, 459
a ne	nces and Disorders BBA	nces and Disorders □BBA □BSN □BM □BFA □BSW □Minor □Certification Sciences and Disorders ation Sought (check all that apply): □ R □

- Any degree program that fulfills a REAL area must include at least 9 unique credit hours for each area covered. At least 3 of these 9 credit hours must be at the 300 level or above
- A single major degree program may fulfill no more than three REAL areas for any one student, unless all four REAL areas are fulfilled by accreditation or licensure requirements.
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 required to be taught by the department/school. However, departments/schools are expected to
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 degree program plans of study. Indicate this through signature of chair or director of the
 partnering department or school in the areas below.
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- Please save this file for submission as PROGRAM NAME_ProgramType.docx (Example: Criminal Justice_BS.docx)

By signing, the department/school acknowledges the above conditions and considerations:

Dept/School Signature	Cibre Milal.	Date:10/01/2020

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The commitment of the department to this mission is reflected in the undergraduate liberal arts and sciences requirements; in the academic course work in normal and abnormal development and behavior across the human life span; in course work that engenders awareness of issues in culturally diverse populations; in human communication disorders, and in diagnostic and treatment methodologies; in clinical practica requirements; and in course work teaching research skills that support lifelong learning.

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Students wishing to pursue a bachelor's degree in Communication Sciences and Disorders (COSD) enter the Waldron College of Health and Human Services as Pre-COSD majors. They are advised through the Waldron College Advising Center. In their first two years, students typically complete their Core Curriculum requirements as specified below.

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Academic Programs

Communication Sciences and Disorders, B.A.

Communication Sciences and Disorders, B.S.

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The department offers a graduate program, which is accredited by the American Speech-Language-Hearing Association in speech-language pathology. Graduate school admission requirements and procedures are available in the <u>Radford University Graduate Catalog</u>.

Communication Sciences and Disorders, B.A.

(120 semester hours)

COSD majors are required to complete 1) Core Curriculum requirements, 2) COSD major requirements, 3) Additional requirements, 4) Specific degree requirements, and 5) *Elective courses to reach a total of 120 credit hours for either the Bachelor of Arts (B.A.) or Bachelor of Science (B.S.) degree.

Core Curriculum Requirements (30-36 credits)

COSD majors are required to take the following courses and are advised to take them as part of their Core Curriculum Requirements:

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COSD 316 - Hearing Science

COSD 323 - Speech Science

COSD 330 - Introduction to Audiology

COSD 401 - Neuroanatomy in Communication Disorders

COSD 403 - Public School Methods in a Diverse Society

COSD 421 - Language Development: Birth to Five Years

COSD 425 - Later Language Development

COSD 438 - Phonetics

COSD 454 - Speech Language Disorders: Prevention and Assessment

COSD 455 - Speech-Language Disorders: Intervention Methods and Application

COSD 459 - Introduction to Articulation and Phonology

Additional Requirements (6 credits)

PSYC 230 - Lifespan Developmental Psychology

STAT 200 - Introduction to Statistics

B.A. Requirements (6-8 credits)

Bachelor of Arts

01/14/2020

Completion of the Foreign Language requirements described in the Radford University
Undergraduate Catalog. (See here.)
Total Hours Needed for Degree 120

SCIENTIFIC AND QUANTIT	AIIVE	REASONIN	6	
R Area:	Is this course required or an elective for your degree program? ⊠ Required ☐ Elective			
Course Prefix: COSD			within your dept/school? ⊠ Yes □ No	
Course Number: 316	If no, collaborating dept/school must also complete the remaining elements, and must sign below.			
Course Title: Hearing Science	and the second of the second o			
Credit Hours: 3	Course	Rotation:	□ Spring □ Intersession □ Other (Explain below)	
	Course	Notation.	M rail D Spring D intersession D Other (Explain below)	
New course: ☐ Yes No		LE		
Revised course: ⊠ Yes □ No	intende	d Frequency:		
			☐ At least once every three years ☐ Other	
Projected student enrollment				
per academic year: 40	-		iting chair/director indicating acknowledgement for inclusion and designation if	
	not offe	ered in dept/so	chool:	
R Area:	Is this c	ourse required	d or an elective for your degree program? ⊠ Required □ Elective	
Course Prefix: COSD	Is this c	ourse offered	within your dept/school? ⊠ Yes □ No	
Course Number: 323			school must also complete the remaining elements, and must sign below.	
Course Title: Speech Science				
Credit Hours: 4	Course	Rotation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)	
	Course	Notation.	Truit 2 Spring 1 intersession 1 other (Explain below)	
New course: ☐ Yes ☒ No		-l F		
Revised course: ⊠ Yes □ No	intende	d Frequency:	☑ Every academic year ☐ Every semester ☐ Every other year	
			☐ At least once every three years ☐ Other	
Projected student enrollment				
per academic year: 40			iting chair/director indicating acknowledgement for inclusion and designation if	
	not offe	ered in dept/so	chool:	
R Area:	Is this course required or an elective for your degree program? ☒ Required ☐ Elective			
Course Prefix: COSD	Is this course offered within your dept/school? ⊠ Yes □ No			
Course Number:330	If no, collaborating dept/school must also complete the remaining elements, and must sign below.			
Course Title: Introduction to	, , , , , , , , , , , , , , , , , , , ,			
Audiology	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)			
Credit Hours: 3	Course Notation. — El ruit 23 spring El intersession El other (Explain selow)			
	No. of the state o			
New course: ☐ Yes ☐ No	Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year			
Revised course: ⊠ Yes □ No			☐ At least once every three years ☐ Other	
		6 11 1		
Projected student enrollment			iting chair/director indicating acknowledgement for inclusion and designation if	
per academic year: 40	not offe	ered in dept/so	chool:	
R Designated Course Req	uired	within the	Program of Study Approved for Inclusion in the General	
_	•		one, can also be listed above but does not need to be)	
Education Coursework. ()	piease	iist at ieast (one, can also be listed above but does not need to be)	
R Area:				
	. :			
		ic and qua	ntitative reasoning to questions about the natural world,	
mathematics, or related a	areas.			
scientific and quantitative		2 con priori or rearring careering accession prairi		
·		The plan for assessment is to use the university-based		
information to test problems and		assessmei	nt that will be developed for REAL.	
draw conclusions.				
Learning Outcome 2:		Description	on of learning outcome assessment plan:	
Students evaluate the quality	of		•	
data, methods, or inferences used		•	or assessment is to use the university-based	
to generate scientific and		assessmei	nt that will be developed for REAL.	
to generate scientilic and				

Additional information for REAL Council consideration:

quantitative knowledge.

01/14/2020

		01/14/2020	
E Area:	Is this course required or an elective for your degree program? \Box Re	equired 🗆 Elective	
Course Prefix:	Is this course offered within your dept/school? ☐ Yes ☐ No		
Course Number:	If no, collaborating dept/school must also complete the remaining elements,	, and must sign below.	
Course Title:			
Credit Hours:	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☐ Other (E	xplain below)	
New course: ☐ Yes ☐ No			
Revised course: ☐ Yes ☐ No	Intended Frequency: ☐ Every academic year ☐ Every semester ☐	Every other year	
1101.554 554.11.	☐ At least once every three years ☐ Other		
Projected student enrollment			
per academic year:	Signature of collaborating chair/director indicating acknowledgemer	nt for inclusion and designation if	
	not offered in dept/school:		
E Area:	Is this course required or an elective for your degree program? \Box Re	equired 🗆 Elective	
Course Prefix:	Is this course offered within your dept/school? ☐ Yes ☐ No		
Course Number:	If no, collaborating dept/school must also complete the remaining elements,	, and must sign below.	
Course Title:			
Credit Hours:	Course Rotation: \square Fall \square Spring \square Intersession \square Other (E	xplain below)	
New course: ☐ Yes ☐ No			
Revised course: ☐ Yes ☐ No	Intended Frequency: $\ \square$ Every academic year $\ \square$ Every semester $\ \square$	Every other year	
	☐ At least once every three years ☐ Other		
Projected student enrollment			
per academic year:	Signature of collaborating chair/director indicating acknowledgemer	nt for inclusion and designation if $^{\parallel}$	
	not offered in dept/school:		
E Area:	Is this course required or an elective for your degree program? \Box Re	equired 🗆 Elective	
Course Prefix:	Is this course offered within your dept/school? ☐ Yes ☐ No		
Course Number:	If no, collaborating dept/school must also complete the remaining elements,	, and must sign below.	
Course Title:			
Credit Hours:	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☐ Other (E	xplain below)	
New course: ☐ Yes ☐ No			
Revised course: ☐ Yes ☐ No	Intended Frequency: $\ \square$ Every academic year $\ \square$ Every semester $\ \square$	Every other year	
	☐ At least once every three years ☐ Other		
Projected student enrollment			
per academic year:	Signature of collaborating chair/director indicating acknowledgemer	nt for inclusion and designation if	
	not offered in dept/school:		
E Designated Course Red	uired within the Program of Study Approved for Inc	lusion in the General	
	please list at least one, can also be listed above but		
Education Coursework.		udes not need to be j	
E Area:			
	humanistic or artistic expression through inquiry o	or creativity	
Learning Outcome 1:	Description of learning outcome assessme	ent plan:	
Students demonstrate unders			
of diverse ideas, languages, p			
or processes of humanistic in	uiry or		
artistic expression.			
Learning Outcome 2: Student	critically Description of learning outcome assessme	ant plan:	
evaluate, synthesize, or creat	, 12 222	ent pian.	
human expression or inquiry.	TOTALS OF		
iditiati eapi essioti oi iliquity.			
Additional information for RE	L Council consideration:	_	
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CULTURAL OR BEHAVIORAL ANALYSIS

A Area:	Is this co	urse required	d or an elective for your degree program? ☐ Required ☐ Elective	
Course Prefix:	Is this course offered within your dept/school? ☐ Yes ☐ No			
Course Number:	If no, colla	collaborating dept/school must also complete the remaining elements, and must sign below.		
Course Title:				
Credit Hours:	Course R	otation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)	
New course: ☐ Yes ☐ No				
Revised course: ☐ Yes ☐ No	Intended	frequency:	\square Every academic year \square Every semester \square Every other year	
			☐ At least once every three years ☐ Other	
Projected student enrollment				
per academic year:			ting chair/director indicating acknowledgement for inclusion and designation if	
	not offer	red in dept/sc	hool:	
A Area:	Is this co	urse required	d or an elective for your degree program? ☐ Required ☐ Elective	
Course Prefix:			within your dept/school? ☐ Yes ☐ No	
Course Number:	If no, colla	aborating dept/	school must also complete the remaining elements, and must sign below.	
Course Title:				
Credit Hours:	Course R	otation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)	
New course: ☐ Yes ☐ No				
Revised course: ☐ Yes ☐ No	Intended	frequency:	☐ Every academic year ☐ Every semester ☐ Every other year	
			☐ At least once every three years ☐ Other	
Projected student enrollment				
per academic year:			iting chair/director indicating acknowledgement for inclusion and designation if	
		red in dept/sc		
A Area:			d or an elective for your degree program? ☐ Required ☐ Elective	
Course Prefix:			within your dept/school? ☐ Yes ☐ No	
Course Number:	If no, collaborating dept/school must also complete the remaining elements, and must sign below.			
Course Title:				
Credit Hours:	Course R	lotation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)	
New course: ☐ Yes ☐ No				
Revised course: ☐ Yes ☐ No	Intended	Frequency:	☐ Every academic year ☐ Every semester ☐ Every other year	
			☐ At least once every three years ☐ Other	
Projected student enrollment	C: t			
per academic year:	er academic year: Signature of collaborating chair/director indicating acknowledgement for inclusion and designation not offered in dept/school:			
4.5 : 1.10 . 5				
~	•		Program of Study Approved for Inclusion in the General	
Education Coursework: (please I	list at least	t one, can also be listed above but does not need to be)	
A Area:				
	. 1			
			d interactions of culture(s) and/or behavior(s).	
Learning Outcome 1: Student	S	Descriptio	on of learning outcome assessment plan:	
describe behaviors, beliefs, cu	ultures,		,	
social institutions, and/or				
environments.				
Learning Outcome 2: Student	S	Description	on of learning outcome assessment plan:	
analyze the interactions of	-	Describilo	on or rearrilling outcome assessifient plant.	
behaviors, beliefs, cultures, social				
institutions, and/or environm		ما مسمداد	At a m.	
dditional information for REAL Council consideration:				

APPLIED LEARNING

L Area:	Is this course required	or an elective for your degree program? ⊠ Required ☐ Elective
Course Prefix: COSD	Is this course offered	within your dept/school? ⊠ Yes □ No
Course Number: 225	If no, collaborating dept/	school must also complete the remaining elements, and must sign below.
Course Title: Communication		
Processes, Development, and	Course Rotation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
Disorders		
Credit Hours: 3	Intended Frequency:	☑ Every academic year ☐ Every semester ☐ Every other year
New course: ☐ Yes		☐ At least once every three years ☐ Other
Revised course: ⊠ Yes □ No		
	Signature of collabora	ting chair/director indicating acknowledgement for inclusion and designation if
Projected student enrollment	not offered in dept/sc	hool:
per academic year: 45		
L Area:	Is this course required	or an elective for your degree program? ⊠ Required ☐ Elective
Course Prefix: COSD	Is this course offered	within your dept/school? ⊠ Yes □ No
Course Number: 455	If no, collaborating dept/	school must also complete the remaining elements, and must sign below.
Course Title: Speech-Language		
Disorders: Intervention	Course Rotation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
Methods and Application		
Credit Hours: 3	Intended Frequency:	☑ Every academic year ☐ Every semester ☐ Every other year
New course: ☐ Yes		☐ At least once every three years ☐ Other
Revised course: ⊠ Yes □ No		
	Signature of collabora	ting chair/director indicating acknowledgement for inclusion and designation if
Projected student enrollment	not offered in dept/sc	hool:
per academic year: 40		
L Area:	Is this course required	or an elective for your degree program? ⊠ Required ☐ Elective
Course Prefix: COSD	Is this course offered	within your dept/school? ⊠ Yes □ No
Course Number: 459	If no, collaborating dept/	school must also complete the remaining elements, and must sign below.
Course Title: Introduction to		
Articulation and Phonology	Course Rotation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
Credit Hours: 3		
New course: ☐ Yes ⊠ No	Intended Frequency:	☑ Every academic year ☐ Every semester ☐ Every other year
Revised course: ⊠ Yes □ No		☐ At least once every three years ☐ Other
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L Designated Course Rec	uired within the I	Program of Study Approved for Inclusion in the General
-	•	one, can also be listed above but does not need to be)
Ludeation Coursework. (picase list at least	. One, can also be listed above but does not need to be

	L Area:			
Learning Goal: To explore professional practice through the application of knowledge, skills, ar				
	critical reflection.			
	Learning Outcome 1: Students apply acquired knowledge and skills to develop professional identity or professional practice.	Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL.		
	Learning Outcome 2: Students critically reflect on their learning, abilities, experiences, or role within professional contexts.	Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL.		
	Additional information for REAL Coun	cil consideration:		

Are existing material resources adequate to support this program alignment proposal?	
oxtimes Yes $oxtimes$ No If not, what additional material resources would be needed?	
Are existing space resources adequate to support this program alignment proposal?	
☑ Yes ☐ No If not, what additional space resources would be needed?	
Are existing human resources adequate to support this program alignment proposal?	
oxtimes Yes $oxtimes$ No If not, what additional human resources would be needed?	

Department Curriculum Committee Recommendation:	Signature:	Date:10-01-2020
Chair/Dean on Behalf of Dept/School:	Signature:	Date: 10-01-2020
College Curriculum Committee Approval:	Signature:	Date:
Dean/AVP Approval:	Signature:	Date:
REAL Council Recommendation:	Signature:	Date:
Faculty Senate Curriculum Committee Recommendation:	Signature:	Date:
Faculty Senate Approval:	Signature:	Date:
Provost Approval:	Signature:	Date:

REAL Curriculum Program Alignment Proposal

Department or	School:	Enter dept/school name: Communication Sciences and Disorders	Date:	September 30, 2020	
Degree type:	⊠BS □]BA □BBA □BSN □BM □BFA □BSW □Minor	□Certification	ate	
Program:	Commi	unication Sciences and Disorders			
REAL Area Pro	gram De	esignation Sought (check all that apply):	⊠R □	E □A ⊠L	
Dept/School Co	ntact:	Diane Millar, dcmillar@radford.edu			
BS/BA Requiren	nents:	COSD 225, 301, 315, 316, 323, 330, 401, 403, 4	21, 425, 4	38, 454, 455, 459	

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Communication Sciences and Disorders, B.S.

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BIOL 104 - Human Biology or

BIOL 105 - Biology for Health Sciences

PSYC 121 - Introduction to Psychology

SOCY 110 - Introduction to Sociology

CHEM 120 - Chemistry of Life or

PHYS 111 - General Physics I

PHIL 112 - Introduction: Ethics and Society (Recommended, but any approved Humanities Core course will be accepted.)

COSD Major Requirements (43 credits)

COSD 225 - Communication Processes, Development, and Disorders.

COSD 301 - Anatomy and Physiology of the Speech/Language/Hearing Mechanism

COSD 315 - Language Science

COSD 316 - Hearing Science

COSD 323 - Speech Science

COSD 330 - Introduction to Audiology

COSD 401 - Neuroanatomy in Communication Disorders

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COSD 421 - Language Development: Birth to Five Years

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COSD 455 - Speech-Language Disorders: Intervention Methods and Application

COSD 459 - Introduction to Articulation and Phonology

Additional Requirements (6 credits)

· ·	7 - 1, 202
PSYC 230 - Lifespan Developmental Psychology	
STAT 200 - Introduction to Statistics	
B.S. Requirements (6-8 credits)	
Bachelor of Science	
Six to eight semester credit hours in courses approved by the department. Students shou consult with their academic advisor for a listing of those courses.	ld
Elective Courses (19-21 credits)	
Total Hours Needed for Degree 120	

SCIENTIFIC AND QUANTIT	AllVE	REASONIN	6		
R Area:	Is this course required or an elective for your degree program? ☒ Required ☐ Elective				
Course Prefix: COSD			within your dept/school? ⊠ Yes □ No		
Course Number: 316			/school must also complete the remaining elements, and must sign below.		
Course Title: Hearing Science	in no, consporating acpty school must also complete the remaining elements, and must sign below.				
Credit Hours: 3	Course	Rotation:	□ Spring □ Intersession □ Other (Explain below)		
	Course	Notation.	Pail D Spring D intersession D Other (Explain below)		
New course: ☐ Yes No		LE			
Revised course: ⊠ Yes □ No	intende	d Frequency:			
			☐ At least once every three years ☐ Other		
Projected student enrollment					
per academic year: 40	_		iting chair/director indicating acknowledgement for inclusion and designation if		
	not offe	ered in dept/so	chool:		
R Area:	Is this c	ourse required	d or an elective for your degree program? ⊠ Required □ Elective		
Course Prefix: COSD	Is this c	ourse offered	within your dept/school? ⊠ Yes □ No		
Course Number: 323			school must also complete the remaining elements, and must sign below.		
Course Title: Speech Science					
Credit Hours: 4	Course	Rotation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)		
	course	Notation.	Truit 2 Spring 1 intersession 1 other (Explain below)		
New course: ☐ Yes ☒ No		-l F			
Revised course: ⊠ Yes □ No	intende	d Frequency:	☑ Every academic year ☐ Every semester ☐ Every other year		
			☐ At least once every three years ☐ Other		
Projected student enrollment					
per academic year: 40			iting chair/director indicating acknowledgement for inclusion and designation if		
	not offe	ered in dept/so	chool:		
R Area:	Is this c	ourse required	d or an elective for your degree program? ⊠ Required □ Elective		
Course Prefix: COSD			within your dept/school? ⊠ Yes □ No		
Course Number:330			school must also complete the remaining elements, and must sign below.		
Course Title: Introduction to	,	0 1 7			
Audiology	Course	Rotation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)		
Credit Hours: 3	Course	notation.	Truit 2 Spring 1 intersession 1 other (Explain below)		
	Intonda	d Fraguesia	M. Eveny academia year D. Eveny competer D. Eveny other year		
New course: ☐ Yes ☒ No	intende	d Frequency:	☑ Every academic year ☐ Every semester ☐ Every other year		
Revised course: ⊠ Yes □ No			☐ At least once every three years ☐ Other		
		6 11 1			
Projected student enrollment			iting chair/director indicating acknowledgement for inclusion and designation if		
per academic year: 40	not offe	ered in dept/so	chool:		
R Designated Course Req	uired	within the	Program of Study Approved for Inclusion in the General		
	•		one, can also be listed above but does not need to be)		
Education Coursework. (piease	iist at ieast (one, can also be listed above but does not need to be)		
R Area:					
Learning Goal: To apply scientific and quantitative reasoning to questions about the natural world,					
mathematics, or related areas.					
Learning Outcome 1: Students apply Description of learning outcome assessment plan:					
scientific and quantitative		2 acceptable and acceptable accep			
· ·		The plan for assessment is to use the university-based			
information to test problems and		assessment that will be developed for REAL.			
draw conclusions.					
Learning Outcome 2:	Learning Outcome 2: Description of learning outcome assessment plan:				
Collaboration of the Collabora			•		
data, methods, or inferences used		The plan for assessment is to use the university-based			
to generate scientific and		assessme	assessment that will be developed for REAL.		
to Benerate selentine and					

Additional information for REAL Council consideration:

quantitative knowledge.

01/14/2020

	01/14/2020			
E Area:	Is this course required or an elective for your degree program? ☐ Required ☐ Elective			
Course Prefix:	Is this course offered within your dept/school? ☐ Yes ☐ No			
Course Number:	If no, collaborating dept/school must also complete the remaining elements, and must sign below.			
Course Title:				
Credit Hours:	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)			
New course: ☐ Yes ☐ No				
Revised course: ☐ Yes ☐ No	Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year			
Nevissa ssa.ss. = : = : = :	☐ At least once every three years ☐ Other			
Projected student enrollment				
per academic year:	Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if			
· ·	not offered in dept/school:			
E Area:	Is this course required or an elective for your degree program? ☐ Required ☐ Elective			
Course Prefix:	Is this course offered within your dept/school? ☐ Yes ☐ No			
Course Number:	If no, collaborating dept/school must also complete the remaining elements, and must sign below.			
Course Title:				
Credit Hours:	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)			
New course: ☐ Yes ☐ No				
Revised course: ☐ Yes ☐ No	Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year			
	☐ At least once every three years ☐ Other			
Projected student enrollment				
per academic year:	Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if			
	not offered in dept/school:			
E Area:	Is this course required or an elective for your degree program? ☐ Required ☐ Elective			
Course Prefix:	Is this course offered within your dept/school? ☐ Yes ☐ No			
Course Number:	If no, collaborating dept/school must also complete the remaining elements, and must sign below.			
Course Title:				
Credit Hours:	Course Rotation: ☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)			
New course: ☐ Yes ☐ No				
Revised course: ☐ Yes ☐ No	Intended Frequency: ☐ Every academic year ☐ Every semester ☐ Every other year			
	☐ At least once every three years ☐ Other			
Projected student enrollment				
per academic year:	Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if			
	not offered in dept/school:			
E Designated Course Rec	uired within the Program of Study Approved for Inclusion in the General			
	please list at least one, can also be listed above but does not need to be)			
Eddodion Codiocite	- Interpretation of the four who we have a data and the first field to the			
r				
E Area:				
Learning Goal: To explore	e humanistic or artistic expression through inquiry or creativity.			
Learning Outcome 1:	Description of learning outcome assessment plan:			
Students demonstrate unders	tanding Description of learning outcome assessment plan.			
of diverse ideas, languages, products,				
or processes of humanistic inquiry or				
artistic expression.				
Learning Outcome 2: Student	Description of learning outcome assessment plan:			
_	evaluate, synthesize, or create forms of			
human expression or inquiry.				
Additional information for RE.	AL Council consideration:			

CULTURAL OR BEHAVIORAL ANALYSIS

A Area:	Is this co	urse required	or an elective for your degree program? ☐ Required ☐ Elective
Course Prefix:		course offered within your dept/school? ☐ Yes ☐ No	
Course Number:	If no, colla	aborating dept/	school must also complete the remaining elements, and must sign below.
Course Title:			
Credit Hours:	Course R	otation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
New course: ☐ Yes ☐ No			
Revised course: ☐ Yes ☐ No	Intended	l Frequency:	\square Every academic year \square Every semester \square Every other year
			☐ At least once every three years ☐ Other
Projected student enrollment			
per academic year:	_		ting chair/director indicating acknowledgement for inclusion and designation if
	not offer	ed in dept/sc	hool:
A Area:	Is this co	urse required	l or an elective for your degree program? □ Required □ Elective
Course Prefix:			within your dept/school? □ Yes □ No
Course Number:	If no, colla	aborating dept/	school must also complete the remaining elements, and must sign below.
Course Title:			
Credit Hours:	Course R	otation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
New course: ☐ Yes ☐ No			
Revised course: ☐ Yes ☐ No	Intended	l Frequency:	☐ Every academic year ☐ Every semester ☐ Every other year
			☐ At least once every three years ☐ Other
Projected student enrollment			
per academic year:			ting chair/director indicating acknowledgement for inclusion and designation if
	not offered in dept/school:		
A Area:			or an elective for your degree program? ☐ Required ☐ Elective
Course Prefix:			within your dept/school? ☐ Yes ☐ No
Course Number:	If no, colla	aborating dept/	school must also complete the remaining elements, and must sign below.
Course Title:			
Credit Hours:	Course R	otation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)
New course: ☐ Yes ☐ No			
Revised course: ☐ Yes ☐ No	Intended	Frequency:	☐ Every academic year ☐ Every semester ☐ Every other year
			☐ At least once every three years ☐ Other
Projected student enrollment	c: .	6 11 1	
per academic year:	Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if		
	not offered in dept/school:		
A Designated Course Required within the Program of Study Approved for Inclusion in the General			
Education Coursework: (please I	ist at least	t one, can also be listed above but does not need to be)
Λ Λκοο.			
A Area:			
Learning Goal: To examine the context and interactions of culture(s) and/or behavior(s).			
Learning Outcome 1: Students Description of learning outcome assessment plan:			
describe behaviors, beliefs, cultures,		•	- I
social institutions, and/or			
environments.			
Learning Outcome 2: Student	e 2: Students Description of learning outcome assessment plan:		
analyze the interactions of		Describilo	in or learning outcome assessment plan:
· ·			
behaviors, beliefs, cultures, so			
institutions, and/or environm			
Additional information for REAL Council consideration:			

APPLIED LEARNING

L Area:	Is this course required	or an elective for your degree program? ⊠ Required ☐ Elective	
Course Prefix: COSD	Is this course offered within your dept/school? ☑ Yes ☐ No		
Course Number: 225	If no, collaborating dept/	school must also complete the remaining elements, and must sign below.	
Course Title: Communication			
Processes, Development, and	Course Rotation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)	
Disorders			
Credit Hours: 3	Intended Frequency:	☑ Every academic year ☐ Every semester ☐ Every other year	
New course: ☐ Yes No		☐ At least once every three years ☐ Other	
Revised course: ⊠ Yes □ No			
	Signature of collabora	ting chair/director indicating acknowledgement for inclusion and designation if	
Projected student enrollment	not offered in dept/sc	hool:	
per academic year: 45			
L Area:	Is this course required	or an elective for your degree program? ⊠ Required ☐ Elective	
Course Prefix: COSD	Is this course offered	within your dept/school? ⊠ Yes □ No	
Course Number: 455	If no, collaborating dept/	school must also complete the remaining elements, and must sign below.	
Course Title: Speech-Language			
Disorders: Intervention	Course Rotation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)	
Methods and Application			
Credit Hours: 3	Intended Frequency:	☑ Every academic year ☐ Every semester ☐ Every other year	
New course: ☐ Yes No		☐ At least once every three years ☐ Other	
Revised course: ⊠ Yes □ No			
	Signature of collabora	ting chair/director indicating acknowledgement for inclusion and designation if	
Projected student enrollment	not offered in dept/sc	hool:	
per academic year: 40			
L Area:	Is this course required	or an elective for your degree program? ⊠ Required ☐ Elective	
Course Prefix: COSD	Is this course offered	within your dept/school? ⊠ Yes □ No	
Course Number: 459	If no, collaborating dept/	school must also complete the remaining elements, and must sign below.	
Course Title: Introduction to			
Articulation and Phonology	Course Rotation:	☐ Fall ☐ Spring ☐ Intersession ☐ Other (Explain below)	
Credit Hours: 3			
New course: ☐ Yes No	Intended Frequency:	☑ Every academic year ☐ Every semester ☐ Every other year	
Revised course: ⊠ Yes □ No		☐ At least once every three years ☐ Other	
Projected student enrollment	Signature of collabora	ting chair/director indicating acknowledgement for inclusion and designation if	
per academic year: 40	not offered in dept/sc	hool:	
L Designated Course Rec	uired within the I	Program of Study Approved for Inclusion in the General	
Education Coursework: (please list at least one, can also be listed above but does not need to be)			
Ludeation Coursework. (picase list at least	. One, can also be listed above but does not need to be	

L Area:	
Learning Goal: To explore profe	essional practice through the application of knowledge, skills, and
critical reflection.	
Learning Outcome 1: Students apply acquired knowledge and skills to develop professional identity or professional practice.	Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL.
Learning Outcome 2: Students critically reflect on their learning, abilities, experiences, or role within professional contexts.	Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL.
Additional information for REAL Coun	cil consideration:

Are existing material resources adequate to support this program alignment proposal? ☑ Yes □ No If not, what additional material resources would be needed?
Are existing space resources adequate to support this program alignment proposal? Yes No If not, what additional space resources would be needed?
Are existing human resources adequate to support this program alignment proposal? ⊠ Yes □ No If not, what additional human resources would be needed?

Department Curriculum Committee Recommendation:	Signature:	Date:10/01/2020
Chair/Dean on Behalf of Dept/School:	Signature:	Date:10/01/2020
College Curriculum Committee Approval:	Signature:	Date:
Dean/AVP Approval:	Signature:	Date:
REAL Council Recommendation:	Signature:	Date:
Faculty Senate Curriculum Committee Recommendation:	Signature:	Date:
Faculty Senate Approval:	Signature:	Date:
Provost Approval:	Signature:	Date: