# WINONA STATE UNIVERSITY
## NOTIFICATIONS

Department _____Social Work_____ Date ___2/14/14_____

If the proposed curricular change involves existing courses and is considered a Notification, complete and submit this form. Refer to Regulation 3-4, *Policy for Changing the Curriculum*, for complete information on submitting proposals for curricular changes.

Please check type of change(s):
_ _ Reduction in course number __ Change in grading option ___ Change in hours or credits in an independent study course
__ Change in course title ___ Change in course description* ___ Change in existing major, minor, option, concentration, etc.*
__ Change in prerequisites ___ Change in course number within level, e.g. 310 to 350 _____Change in delivery method
_X_ Change in semester offering

A. **Current** Course Information

__SOCW350  Field Experience 3 credits_____
Course No.                        Course Title                                             Credits

This proposal is for a(n)     __X____ Undergraduate Course          _____ Graduate Course

Applies to          __X____ Major              _____ Minor
                    _X____ Required            _____ Required
                    _____ Elective           _____ Elective

Prerequisites       _____SOCW340 Intro to SW_____

Grading             _____ Grade only          __X__ P/NC only          _____ Grade and P/NC Option

Frequency of offering    __ _____

**Proposed** Course Information. (Please indicate only proposed changes below.)

_____    _____          _____
Course No.                        Course Title                                             Credits

Prerequisites       _____

Grading             _____ Grade only          _____ P/NC only          _____ Grade and P/NC Option

Frequency of offering      __Offered Fall, Spring, and Summer Session_____

Effective date (normally the next semester)  _New Catalog (2014/15)_____

B.  *If the proposal requests a change in the course description, please attach a description of the change requested and list both the current and proposed course description.  If the proposal requests a change in an existing major, minor, option, concentration, etc., please attach a description of the change(s) requested and list both the current and proposed program listings.

Approved by the Department _____          __2/14/14_____
                                        Department Chair                                Date

            ____cfaruque@winona.edu_____
            e-mail address

Notification to the College Dean      __X_Yes ____No

            _____          2-14-14
            Dean of College                                       Date

Presented at A2C2 meeting on   2/26/14          _____
                                Date                Chair of A2C2

Presented at Graduate Council
meeting on (if applicable)    _____          _____
                                Date                Chair of Graduate Council

                              2/27/14
Submitted to Registrar on    _____          Registrar:  Please notify department chair via e-mail that
                                Date                Notification has been recorded.

*If a dean has comments on a notification, the dean shall forward the comments to the department.    [Revised 7-13-11]

S  2/21/14