

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

APP 152

SECTION I. SUBMISSION INFORMATION

1. Course: Discipline/No: <u>APP 152</u> Title: <u>Technical Training</u> Start Term <u>W03</u>		
Division Code: <u>HAT</u> Department Code: <u>CIND</u> Org #: <u>14725</u>		Don't publish: <input checked="" type="checkbox"/> in College Catalog <input checked="" type="checkbox"/> in Time Schedule <input checked="" type="checkbox"/> on Web Page
2. Type of Approval: <input checked="" type="checkbox"/> Full Approval <input type="checkbox"/> Conditional Approval <hr/> <input type="checkbox"/> This proposal previously received conditional approval for the term: _____	3. Reason for Submission: This Course is being submitted for: (check all that apply) <input type="checkbox"/> New Course Approval <input checked="" type="checkbox"/> Five-year Syllabus Review <input type="checkbox"/> No changes to course <input checked="" type="checkbox"/> Major Change(s) <input type="checkbox"/> Minor Change(s)* <input type="checkbox"/> Reactivation of Inactive Course <input type="checkbox"/> Inactivation *If requesting a change to a course that has conditional approval, please submit a complete syllabus.	

4. Change Information:	
Minor Changes <input type="checkbox"/> Course Discipline/Number (was _____) <input type="checkbox"/> Course Title (was _____) <input type="checkbox"/> Course Description <input type="checkbox"/> Class Capacity (was: _____) <input type="checkbox"/> Pre or Co-requisites <input type="checkbox"/> Course Objectives (minor changes) <input type="checkbox"/> Distribution of Contact Hours (contact hours were: lect: _____ lab _____ clin _____ other _____) <input type="checkbox"/> Other	Major Changes <input checked="" type="checkbox"/> Credit hours (credits were: <u>04</u>) <input type="checkbox"/> Change in Grading Method <input type="checkbox"/> Total Contact Hours (total contact hours were: _____) <input type="checkbox"/> Approval for offering an Honors Section <input type="checkbox"/> Approval for offering Distance Learning Sections <input type="checkbox"/> General Education Distribution Course: Add <input type="checkbox"/> Remove <input type="checkbox"/> <input type="checkbox"/> Pre or Co-requisites (that affect other departments)

5. Rationale	Changes are are being made in response to data from Assessment: yes <input type="checkbox"/> no <input type="checkbox"/>
Align credit hours with local 190 third party billing and payment requirements. _____	

SECTION II. SIGNATURES

1. Department Review	
Will any new resources be required? No, none anticipated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
Print: <u>Scott Klapper</u> Faculty/Preparer	Signature: <u>Scott Klapper</u> Date: <u>11-15-02</u>
Print: <u>Scott Klapper</u> Department Chair	Signature: <u>Scott Klapper</u> Date: <u>11-15-02</u>

2. Division Review	
Is this a curricular priority for your division? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no (Comment _____)	
What is the estimated enrollment? _____	
Recommendation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dean's Signature: <u>[Signature]</u> Date: <u>11/16/02</u>

3. Curriculum Committee Review	
Recommendation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Curriculum Committee Chair's Signature: <u>Ruth A. Hatcher</u> Date: <u>3/20/03</u>

4. Vice President for Instruction and Student Services Approval	
Approval <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Executive Vice President's Signature: <u>[Signature]</u> Date: <u>3/20/03</u>

ACS Code _____ Entered in Banner 1/3/07 Entered in Access 1/5/07 Log File 2/27/07
 Approved for General Education Area/Group _____ Syllabus Date 200301

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SECTION III. COURSE SYLLABUS

A. COURSE DETAILS

Discipline & No.: APP 152 **Title:** Technical Training

1. Description:

This course will enable students to practice for the State Exam. This course will teach the students measuring, cutting, cleaning, reaming, and soldering.

2. Credit Hours: <u> 03 </u> If Variable credit, Give Range: <u> </u> to <u> </u> credits If repeatable for credit, how many times <u> </u>	3. Contact Hours per Semester: Lecture: <u> 30 </u> Lab: <u> 30 </u> Clinical: <u> </u> Other: <u> </u> Total Contact Hours: <u> 60 </u>	4. Class Capacity: <u> 24 </u>	5. Course Options: <input type="checkbox"/> Distance learning <input type="checkbox"/> Honors <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 "C")	I	II	Other Prerequisites
<input type="checkbox"/> <u>APP 111</u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
<input type="checkbox"/> <u>APP 112</u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
<input type="checkbox"/> <u>APP 113</u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
<input type="checkbox"/> <u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
<input type="checkbox"/> <u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
<input type="checkbox"/> <u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
<input type="checkbox"/> <u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
<input type="checkbox"/> <u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
<input type="checkbox"/> <u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>

Consent Required

7. Corequisites:

8. Course Purpose: <input checked="" 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	If a program requirement, specify the program(s) <u>Local 190 apprenticeship program</u> <u> </u> <u> </u> <u> </u>	Please send syllabus for Transfer evaluation to: <input type="checkbox"/> EMU <input type="checkbox"/> UM <input type="checkbox"/> <u> </u> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <u> </u>	Accepted for transfer: <input type="checkbox"/> EMU <u> </u> <input type="checkbox"/> UM <u> </u> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <u> </u>
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9. Terms Course will be offered:				Even years only	Odd years only
Terms	Session Length (e.g. 15 weeks, 1 st 7½ weeks, etc.)	Day	Even		
<input checked="" type="checkbox"/> Fall	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Winter	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Spr/Summer	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. MAJOR INSTRUCTIONAL UNITS

1. Copper Project
2. Lead Wiping
3. Code Review

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C. INSTRUCTIONAL OBJECTIVES

Unit #1 Copper Project

The student will:

1. Practice for the state exam
2. Demonstrate Measuring
3. Demonstrate Cutting
4. Demonstrate Cleaning
5. Demonstrate Reaming
6. Demonstrate Soldering

Unit # 2 Lead Wiping

The student will:

1. Practice for the state exam
2. Prepare lead pipe for fit up
3. Get tools and material ready
4. Demonstrate how to prepare lead
5. Describe flaring pin
6. Describe reamers
7. Describe wiping clothes
8. Describe lead preparation
9. Describe stand, tool box

Unit # 3 Code Review

The student will:

1. Practice tests
2. Review B.O.C.A. Code

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D. INSTRUCTIONAL METHODS, EVALUATION CRITERIA, AND ASSESSMENT

1. Instructional Methods:

<input checked="" type="checkbox"/> Lecture/Discussion _____ <input type="checkbox"/> Clinical Instruction _____ <input checked="" type="checkbox"/> Laboratory Assignments _____ <input type="checkbox"/> Internet Assignments _____ <input 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 type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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2. Evaluation Criteria:

<input checked="" type="checkbox"/> Attendance _____ <input checked="" type="checkbox"/> Class Discussion _____ <input type="checkbox"/> Papers _____ <input type="checkbox"/> Portfolios _____ <input type="checkbox"/> Projects _____ <input 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 type="checkbox"/> Presentations _____ <input type="checkbox"/> Individual Performance _____ <input type="checkbox"/> Group/Team Performance _____ <input type="checkbox"/> Other _____
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3. Assessment of Student Achievement:

<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 :

<input checked="" type="checkbox"/> Lab equipment _____ <input checked="" type="checkbox"/> Computer Lab _____ <input checked="" type="checkbox"/> CD ROM's _____ <input checked="" 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 type="checkbox"/> Testing Center _____ <input checked="" type="checkbox"/> Other Supplied by Local 190 _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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2. Texts:

Title: UA materials supplied by Local 190

Author: United Association 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
_____	_____
_____	_____
_____	_____

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

Title/Name	Location
_____	_____
_____	_____

5. Computer Software that will be used:

Title/Name	Location
_____	_____
_____	_____

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

Title/Name	Location
_____	_____
_____	_____