

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

**CMG 200**

**SECTION I. SUBMISSION INFORMATION**

**1. Course:**  
**Discipline/No:** CMG 200      **Title:** Construction Systems      **Start Term:** 200301

**Division Code:** HAT      **Department Code:** CIND      **Org #:** 14725      Don't publish:  in College Catalog  
 in Time Schedule       on Web Page

<p><b>2. Type of Approval:</b></p> <p><input type="checkbox"/> Full Approval  <input checked="" type="checkbox"/> Conditional Approval</p> <p>-----  <input type="checkbox"/> This proposal previously received conditional approval for the term: <u>Fall 2002</u></p>	<p><b>3. Reason for Submission:</b> This Course is being submitted for: (check all that apply)</p> <p><input checked="" type="checkbox"/> New Course Approval  <input 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</p> <p><small>*If requesting a change to a course that has conditional approval, please submit a complete syllabus.</small></p>
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**4. Change Information:**

<p><b>Minor Changes</b></p> <p><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</p>	<p><b>Major Changes</b></p> <p><input checked="" type="checkbox"/> Credit hours (credits were: <u>4</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)</p>
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**5. Rationale**      Changes are are being made in response to data from Assessment: yes  no   
To bring this course more in line with the EMU course that is being taught conjointly for WCC students.

**SECTION II. SIGNATURES**

**1. Department Review**

Will any new resources be required? No. none anticipated  Yes   
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?  yes       no

Print: Les Pience      Signature: [Signature]      Date: 11-05-02  
Faculty/Preparer

Print: Les Pience      Signature: [Signature]      Date: 11-05-02  
Department Chair

**2. Division Review**

Is this a curricular priority for your division?  yes       no (Comment \_\_\_\_\_)  
What is the estimated enrollment? \_\_\_\_\_

Recommendation  Yes       No      [Signature]      Date: 11/5/02  
Dean's Signature

**3. Curriculum Committee Review**

Recommendation  Yes       No      \_\_\_\_\_      Date \_\_\_\_\_  
Curriculum Committee Chair's Signature

**4. Vice President for Instruction and Student Services Approval**

Approval  Yes       No      [Signature]      Date: 11/6/02  
Executive Vice President's Signature

ACS Code \_\_\_\_\_ Entered in Banner [Signature] Entered in Access \_\_\_\_\_ Log File [Signature]  
Approved for General Education Area/Group \_\_\_\_\_ Syllabus Date \_\_\_\_\_



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

**CMG 200**

**SECTION I. SUBMISSION INFORMATION**

<b>1. Course:</b> Discipline/No: <u>CMG 200</u> Title: <u>Construction Systems</u> Start Term <u>F02</u>						
Division Code: <u>HAT</u> Department Code: <u>CIND</u> Org #: <u>14725</u>		Don't publish: <input type="checkbox"/> in College Catalog <input type="checkbox"/> in Time Schedule <input type="checkbox"/> on Web Page				
<b>2. Type of Approval:</b> <input type="checkbox"/> Full Approval <input checked="" type="checkbox"/> Conditional Approval <hr/> <input type="checkbox"/> This proposal previously received conditional approval for the term: _____	<b>3. Reason for Submission:</b> This Course is being submitted for: (check all that apply) <input checked="" type="checkbox"/> New Course Approval <input type="checkbox"/> Five-year Syllabus Review <input type="checkbox"/> No changes to course <input type="checkbox"/> Major Change(s) <input type="checkbox"/> Minor Change(s)* <input type="checkbox"/> Reactivation of Inactive Course <input type="checkbox"/> Inactivation <small>*If requesting a change to a course that has conditional approval, please submit a complete syllabus.</small>					
<b>4. Change Information:</b> <table style="width:100%;"> <tr> <th style="width:50%;">Minor Changes</th> <th style="width:50%;">Major Changes</th> </tr> <tr> <td> <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           </td> <td> <input type="checkbox"/> Credit hours (credits were: _____)  <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)           </td> </tr> </table>			Minor Changes	Major 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	<input type="checkbox"/> Credit hours (credits were: _____) <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)
Minor Changes	Major Changes					
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<b>5. Rationale</b> Changes are being made in response to data from Assessment: yes <input type="checkbox"/> no <input type="checkbox"/> Fourth course in the CMG series for Construction Management Transfer						

**SECTION II. SIGNATURES**

<b>1. Department Review</b> Will any new resources be required? No, none anticipated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> You must consult all departments that may be affected by this course. List departments contacted below and attach relevant documents. <u>Estimating/ Scheduling Software Programs Primavera &amp; SureTrack</u> <hr/> Does the department support approval of this course? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Print: <u>Patricia Crider</u> Faculty/Preparer Signature: <u>Patricia Crider</u> Date: <u>3.26.02</u> Print: <u>Patricia Crider</u> Department Chair Signature: <u>Patricia Crider</u> Date: <u>3.26.02</u>		
<b>2. Division Review</b> Is this a curricular priority for your division? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no (Comment _____) What is the estimated enrollment? <u>10-20 per year</u> Recommendation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Dean's Signature: <u>[Signature]</u> Date: <u>3/27/02</u>		
<b>3. Curriculum Committee Review</b> Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No Curriculum Committee Chair's Signature _____ Date _____		
<b>4. Vice President for Instruction and Student Services Approval</b> Approval <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Executive Vice President's Signature: <u>[Signature]</u> Date: <u>4/13/02</u>		
ACS Code <u>134</u>	Entered in Banner <u>4/18/02</u>	Entered in Access <u>4/18/02</u> Log File <u>4/18/02</u>
Approved for General Education Area/Group _____		Syllabus Date <u>n/a</u>

**WASHTENAW COMMUNITY COLLEGE  
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**CMG 200**

**SECTION III. COURSE SYLLABUS**

**A. COURSE DETAILS**

**Discipline & No.:** CMG 200    **Title:** Construction Systems

**1. Description:**

This course covers structural systems, associated non-structural components, and consideration appropriate to mechanical, electrical, plumbing, and support equipment.

<b>2. Credit Hours:</b> <u>  04  </u> If Variable credit, Give Range: <u>      </u> to <u>      </u> credits  If repeatable for credit, how many times <u>      </u>	<b>3. Contact Hours per Semester:</b> Lecture: <u>  45  </u> Lab: <u>  45  </u> Clinical: <u>      </u> Other: <u>      </u> Total Contact Hours: <u>  90  </u>	<b>4. Class Capacity:</b> <u>  16  </u>	<b>5. Course Options:</b> <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 "Y"	I II	Other Prerequisites
<input type="checkbox"/> <input checked="" type="checkbox"/> <u>  CMG 170  </u>	<u>  C  </u>	<input type="checkbox"/>	_____	_____	_____	<input checked="" type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	Consent Required
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	7. Corequisites:
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____

<b>8. Course Purpose:</b> <input checked="" type="checkbox"/> Program Requirement <input type="checkbox"/> General Education <input type="checkbox"/> Program Support <input type="checkbox"/> Basic Skills/Developmental <input checked="" type="checkbox"/> Transfer <input type="checkbox"/> Industry/Professional Dev <input type="checkbox"/> Enrichment	<b>If a program requirement, specify the program(s)</b> <u>  CTCMG  </u> _____ _____ _____	<b>Please send syllabus for Transfer evaluation to:</b> <input checked="" type="checkbox"/> EMU <input type="checkbox"/> UM <input checked="" type="checkbox"/> Ferris State <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Accepted for transfer:</b> <input type="checkbox"/> EMU <input type="checkbox"/> UM <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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<b>9. Terms Course will be offered:</b>				<b>Day</b>	<b>Eve</b>	<b>Even years only</b>	<b>Odd years only</b>
<b>Terms</b>	<b>Session Length</b> (e.g. 15 weeks, 1 <sup>st</sup> 7½ weeks, etc.)						
<input type="checkbox"/> Fall	_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Winter	_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spr/Summer	_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. MAJOR INSTRUCTIONAL UNITS**

1. Structural Systems
2. Non-structural systems
3. Mechanical, Electrical, and Plumbing Systems

**Title:**

**Construction Systems**

**Course Description:**

This course covers structural system, associated non-structural components, and considerations appropriate to mechanical, electrical, plumbing, and support equipment.

**Outline:**

- I. Structural Systems
- II. Non-structural Systems
- III. Mechanical
- IV. Electrical
- V. Plumbing Systems