

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

**GRM 109**

For help screens, select a field and press F1

**SECTION I. SUBMISSION INFORMATION**

**1. Course:** (Enter proposed discipline, number & title here.) *Conversational*  
**Discipline/No:** GRM 109 **Title:** Beginning Intermediate German **Start Term:** Fall 2002  
 Banner allows only 29 characters and spaces, for the title. Longer titles will have to be abbreviated.

**Division Code:** HSS **Department Code:** FLGD **Org #:** \_\_\_\_\_ **Don't publish:**  in College Catalog  in Time Schedule  on Web Page

<p><b>2. Type of Approval:</b> (applies to both new courses and changes)</p> <input checked="" type="checkbox"/> Full Approval <input type="checkbox"/> Conditional Approval <hr/> <input type="checkbox"/> This proposal previously received conditional approval for the term: _____	<p><b>3. Reason for Submission:</b> This Course is being submitted for: (check all that apply)</p> <input type="checkbox"/> New Course Approval (Skip 4 and go directly to 5.) <input checked="" type="checkbox"/> Five-year Syllabus Review <input type="checkbox"/> No changes to course (Submit complete syllabus) <input type="checkbox"/> Major Change(s) (Submit complete syllabus) <input checked="" type="checkbox"/> Minor Change(s)* (For fully approved courses, submit revised sections only.) <input type="checkbox"/> Reactivation of Inactive Course <input type="checkbox"/> Inactivation (Submit this page only.)
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*\*If requesting a change to a course that has conditional approval, please submit a complete syllabus.*

**4. Change Information:** (Check all that apply. Make proposed changes in Section III, Course Syllabus.)

<p><b>Minor Changes</b></p> <input checked="" type="checkbox"/> Course Discipline/Number (was <u>GRM 120</u> <i>eff. 197701</i> ) <input checked="" type="checkbox"/> Course Title (was <u>Conversational German</u> ) <input checked="" type="checkbox"/> Course Description <input checked="" type="checkbox"/> Class Capacity (was: <u>25</u> ) <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 checked="" type="checkbox"/> Other <u>Delete Text Information</u>	<p><b>Major Changes</b> (will be reviewed by Curriculum Committee.)</p> <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 (Attach Approval Form.) <input type="checkbox"/> Approval for offering Distance Learning Sections (Attach Distance Learning Approval Form) <input type="checkbox"/> General Education Distribution Course: Add <input type="checkbox"/> Remove <input type="checkbox"/> (Attach General Education Course Approval Form) <input type="checkbox"/> Pre or Co-requisites (that affect other departments)
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**5. Rationale:** (for new course or course change) Changes are being made in response to data from Assessment: yes  no   
 1) Integrity of sequencing; 2) Text/Materials at discretion of instructor

**SECTION II. SIGNATURES**

**1. Department Review** (To be completed by department chair)

Will any new resources be required? No, none anticipated  Yes  (If yes, attach list with projected costs)  
 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 (if no, initial and return to preparer with rationale.)

Print: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Faculty/Preparer

Print: Rosalyn Biederman Signature See attached for signatures Date: \_\_\_\_\_  
 Department Chair

**2. Division Review** (To be completed by division dean; if recommendation is no, initial and return to department with rationale.)

Is this a curricular priority for your division?  yes  no (Comment \_\_\_\_\_)

What is the estimated enrollment? \_\_\_\_\_

Recommendation  Yes  No Bruce Abney  
 Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

**3. Curriculum Committee Review** (Attach additional comments if necessary and forward to Executive Vice President.)

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

**4. Vice President for Instruction and Student Services Approval** (Attach additional comments if necessary.)

Approval  Yes  No \_\_\_\_\_  
 Executive Vice President's Signature \_\_\_\_\_ Date 2/22

ACS Code \_\_\_\_\_ Entered in Banner 3/5/02 Entered in Access 3/5/02 Log File 3/5/02  
 Approved for General Education Area/Group \_\_\_\_\_ Syllabus Date 200209 fn

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

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**SECTION I. COURSE SUBMISSION INFORMATION**

1. Course: (Enter proposed discipline, number & title here. If changing the number or title of an existing course, give old number or title in box 4 below.)  
 Discipline/No: G1M109 Title: BEGINNING CONVERSATIONAL GERMAN  
 Banner allows only 29 characters and spaces, for the title. Longer titles will have to be abbreviated.

Division Code: HSS Department Code: FLG Effective Term: FALL 2002  Do not publish on the Time Schedule  
 Do not publish in College Catalog

2. Type of Approval: (applies to both new courses and changes)  
 Full Approval  
 Conditional Approval  
 This proposal previously received conditional approval for the Term: \_\_\_\_\_

3. Reason for Submission: This Course is being submitted for: (check all that apply)  
 New Course Approval (Skip 4 and go directly to 5.)  
 Five-year Syllabus Review  No changes to course (Submit complete syllabus)  
 Major Change(s) (Submit complete syllabus)  
 Minor Change(s)\* (For fully approved courses, you can submit this page and revised sections.)  
 Reactivation of Inactive Course  
 Inactivation (Submit this page only.)

\*When requesting a change to a course that has only conditional approval, you must submit a complete syllabus.

4. Change Information: (Check all that apply. Make proposed changes in Section III, Course Syllabus.)

**Minor Changes**  
 Course Discipline/Number (was 120 TO 109)  
 Course Title (was \_\_\_\_\_)  
 Course Description  
 Class Capacity (was: \_\_\_\_\_)  
 Pre or Corequisites  
 Course Objectives (minor changes)  
 Distribution of Contact Hours (old contact hours were: lect: \_\_\_\_\_ lab \_\_\_\_\_ clin \_\_\_\_\_ other \_\_\_\_\_)  
 Other DELETE TEXT INFORMATION

**Major Changes** (Major changes will be reviewed by Curriculum Committee.)  
 Credit hours (credits were: \_\_\_\_\_)  
 Change in Grading Method  
 Total Contact Hours (total contact hours were: \_\_\_\_\_)  
 Approval for offering an Honors Section (Attach Honors Approval Form.)  
 Approval for offering Distance Learning Sections (Attach Distance Learning Approval Form)  
 Other \_\_\_\_\_

5. Rationale: (for new course or changes)  
1) INTEGRITY OF SEQUENCING 2) TEXT/MATERIALS AT DISCRETION OF INSTRUCTOR

**SECTION II. COURSE REVIEW INFORMATION AND SIGNATURES**

1. Department Review (To be completed by department chair)

Will any new resources be required?  yes (Attach Resource Form)  No new resources are anticipated.  
 Which departments, that may be affected by this course, have been consulted? \_\_\_\_\_  
 (Attach any relevant documentation)

Does the department support approval of this course?  yes  no (if no, initial and return to preparer with rationale.)

Print: R. BIEDERMAN Signature R. Biederman Date: 1/29/02  
 Faculty/Preparer

Print: R. BIEDERMAN Signature R. Biederman Date: 1/29/02  
 Department Chair

2. Division Review (To be completed by division dean; if recommendation is no, initial and return to department with rationale attached.)

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

Recommendation  Yes  No  
 \_\_\_\_\_  
 Dean's Signature Date

3. Curriculum Committee Review (Attach additional comments if necessary and forward to Executive Vice President.)

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

4. Vice President for Instruction and Student Services Approval (Attach additional comments if necessary.)

Approval  Yes  No  
 \_\_\_\_\_  
 Executive Vice President's Signature Date

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COURSE-SYLLABUS APPROVAL FORM (CSAF)**

**GRM 109**

**SECTION III. COURSE SYLLABUS**

For help screens press F1.

**A. COURSE DETAILS (Start with #1.)**

**Discipline & No.:** GRM 109 **Title:** Beginning Intermediate German

Course and title will automatically appear above upon saving or previewing

**1. Description:** (Please be brief. Explain acronyms if used.)

This course is conversational in approach and assumes no previous knowledge of the language. It is geared chiefly for persons interested in obtaining a basic knowledge of spoken and written German, as well as an appreciation and awareness of contemporary German culture. German 109 may be taken as a preview for students entering the First year German studies or students already enrolled in the first year course. *This course does not satisfy four year college language requirements.*

<b>2. Credit Hours:</b> <u>2</u> If Variable credit, Give Range: _____ to _____ credits  If repeatable for credit, how many times _____	<b>3. Contact Hours per Semester:</b> Lecture: <u>30</u> Lab: _____ Clinical: _____ Other: _____ Total Contact Hours: <u>30</u>	<b>4. Class Capacity:</b> <u>30</u> (If nonstandard, attach Class Capacity Exception form.)	<b>5. Course Options:</b> <input type="checkbox"/> Distance learning (Attach DL Form) <input type="checkbox"/> Honors (Attach Honors Addendum.) <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"/>	<u>NONE</u>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<u>NONE</u>
<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"/>			<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"/>				<input type="checkbox"/>	<input type="checkbox"/>	

\* Can take prerequisite before or concurrently with this course.  
 \*\*Level I is enforced in Banner; Level II is enforced by instructor on 1st day of class.

<b>8. Course Purpose:</b> <input 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 checked="" type="checkbox"/> Enrichment	<b>If a program requirement, specify the program(s)</b> <u>None</u>	<b>Please send syllabus for Transfer evaluation to:</b> <input checked="" type="checkbox"/> EMU <input checked="" type="checkbox"/> UM <input checked="" type="checkbox"/> MSU	<b>Accepted for transfer: (attach documentation)</b> <input type="checkbox"/> EMU <input type="checkbox"/> UM
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<b>9. Terms Course will be offered:</b>							
<b>Terms</b>	<b>Session Length</b> (e.g. 15 weeks, 1 <sup>st</sup> 7½ weeks, etc.)	<b>Day</b>	<b>Even</b>	<b>Even years only</b>	<b>Odd years only</b>		
<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** A major instructional unit is a grouping of topics that naturally relate to one another. Add additional numbers as needed. (This section is unprotected so that you can cut and paste from other documents.)

1. Initial Contacts
2. Talk Around the House.
3. Guten Appetit: Eating and Drinking
4. Leisure Time and Vacation
5. Residential Living

## C. INSTRUCTIONAL OBJECTIVES

DIRECTIONS: Use student outcomes-based language. (Example: Upon visiting a gravel pit students will observe, analyze and describe in one page the weathering processes.) Units should match those listed in Section B.

(This section is unprotected. You may cut and paste from other documents as needed.)

### Unit 1 Initial Contacts

The student will be able to:

1. Greet one another variously in German.
2. Introduce oneself in German.
3. Spell one's name in German.
4. Simulate telephone exchanges in German.
5. Calculate numbers and express one's address in German.
6. Express and inquire after one's origin and profession.
7. Practice and show working knowledge of statement form, general and specific question form, *Sie*-form imperative, and present-tense conjugation of weak verbs in German.
8. Express diverse cultural origin in German.

### Unit 2 Talk Around the House

The student will be able to:

1. Name and describe various objects.
2. Understand and notate price tags.
3. Practice and show working knowledge of definite and indefinite articles, negation, and possessive articles.
4. Simulate shopping for appliances and compare their price-value.

### Unit 3 Guten Appetit: Eating and Drinking

The student will be able to:

1. Describe one's eating habits.
2. Simulate ordering food, conversing at table, and paying the bill in German.
3. Simulate shopping for groceries in German.
4. Practice and show working knowledge of the accusative case, verbs with stem mutation in the present tense, and the modal auxiliary *möchte*.
5. Evaluate sale prices in the supermarket in German.

### Unit 4 Leisure Time and Vacation

The student will be able to:

1. Request and give street directions in German.
2. Make appointments in German.
3. Write picture postcards in German.
4. Practice and show working knowledge of separable prefix verbs and the modal auxiliaries *können*, *müssen*, and *dürfen*.
5. Tell official and colloquial clock time in German.
6. Plan one's evening out in German.

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**Unit 5 Residential Living**

The student will be able to:

1. Describe various dwellings in German.
2. Comment on furniture and household items in German.
3. Inform oneself and others about important public signs and regulations in German.
4. Write letters to friends and family in German.
5. Practice and show working knowledge of the demonstrative pronoun, the indefinite pronoun, and adverbial expressions of place.
6. Simulate shopping for apartments and houses in German.
7. Specify and discuss hypothetical residential regulations in German.

**D. INSTRUCTIONAL METHODS, EVALUATION CRITERIA, AND ASSESSMENT**

**1. Instructional Methods:** (Check the appropriate boxes and describe as needed.)

<input checked="" type="checkbox"/> Lecture/Discussion _____	<input type="checkbox"/> Performances _____
<input type="checkbox"/> Clinical Instruction _____	<input type="checkbox"/> Group Critiques _____
<input checked="" type="checkbox"/> Laboratory Assignments _____	<input type="checkbox"/> Field Trips _____
<input checked="" type="checkbox"/> Internet Assignments _____	<input type="checkbox"/> Telecourse _____
<input checked="" type="checkbox"/> Computer Simulations _____	<input type="checkbox"/> ITV Course _____
<input type="checkbox"/> On-Site Work Experience _____	<input type="checkbox"/> Self-Paced Instruction _____
<input type="checkbox"/> Team Assignments _____	<input checked="" type="checkbox"/> Other <u>Modeling, cooperative learning, role play, speaking, listening, reading, writing, vocabulary, grammar, pronunciation, cultural presentation, cluster work, partner work</u>
<input type="checkbox"/> Demonstrations _____	<input type="checkbox"/> Other _____

**2. Evaluation Criteria:**

<input checked="" type="checkbox"/> Attendance _____	<input checked="" type="checkbox"/> Quizzes _____
<input checked="" type="checkbox"/> Class Discussion _____	<input checked="" type="checkbox"/> Tests _____
<input checked="" type="checkbox"/> Papers _____	<input type="checkbox"/> Midterm _____
<input type="checkbox"/> Portfolios _____	<input checked="" type="checkbox"/> Final Exam _____
<input checked="" type="checkbox"/> Projects _____	<input checked="" type="checkbox"/> Presentations _____
<input checked="" type="checkbox"/> Reports _____	<input checked="" type="checkbox"/> Individual Performance _____
<input type="checkbox"/> Clinical Assignments _____	<input checked="" type="checkbox"/> Group/Team Performance _____
<input checked="" type="checkbox"/> Home Work _____	<input type="checkbox"/> Other _____

**3. Assessment of Student Achievement:** (Indicate methods that will be used for NCA mandated assessment of student academic achievement at the course and (if applicable) general education levels)

<input type="checkbox"/> Departmental Exam _____	<input type="checkbox"/> Pre-test/Post-test _____
<input type="checkbox"/> Follow-on Tracking _____	<input type="checkbox"/> Simulations _____
<input type="checkbox"/> Standardized Test _____	<input type="checkbox"/> Comprehensive Project _____
<input type="checkbox"/> Portfolio Assessment _____	<input type="checkbox"/> Other _____

**F. EQUIPMENT, FACILITIES, TEXTS, MATERIALS, AND SUPPLIES**

**1. Special Equipment/Facilities :** (Check the appropriate boxes and describe as needed.)

<input checked="" type="checkbox"/> Lab equipment <u>WCC Language Lab</u>	<input type="checkbox"/> ITV Classroom _____
<input checked="" type="checkbox"/> Computer Lab <u>Tutorials, Internet</u>	<input type="checkbox"/> Off-Campus Sites _____
<input type="checkbox"/> CD ROM's _____	<input checked="" type="checkbox"/> Testing Center <u>When Needed</u>
<input checked="" type="checkbox"/> Data Projector/Screen _____	<input checked="" type="checkbox"/> Other <u>Tape Recorder, CD Player</u>
<input checked="" type="checkbox"/> VCR _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> TV Monitor _____	<input type="checkbox"/> Other _____

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**2. Texts:** (Please indicate if no text is required.)

Title: As Determined by Instructor

Author: \_\_\_\_\_ 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
<u>Cassettes / CD to accompany text (if needed)</u>	<u>\$20.00</u>
<u>Themen New I Glossary</u>	<u>\$10.00</u>
_____	_____

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

Title/Name	Location
<u>German-English / English-German Dictionary</u>	_____
<u>Internet</u>	_____

**5. Computer Software that will be used:**

Title/Name	Location
<u>Themen New I, Tutorial Software</u>	<u>Language Lab</u>
_____	_____
_____	_____

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

Title/Name	Location
<u>Themen New I, Audio Program</u>	<u>LRC, Language Lab</u>
_____	_____
_____	_____