

Fayetteville State University

CORE CURRICULUM COURSE CERTIFICATION REQUEST

This form should be accompanied by a syllabus that states course description, FSU Student Learning Outcomes, assignments, exams, and methods of instruction.

Course _____ Title _____ Credit Hours _____

Prerequisites _____ Number of sections _____ Class size _____

1. Course Description

Give course description from the catalog. Map course to the FSU Student Learning Outcomes (SLOs) students learn in all sections of the course. Designate one or two SLOs that are the course's primary focus; these are the SLOs for which you will assess.

2. Assessment

All certification requests must include an assessment plan.

- a. Describe assignments and exams common to all sections that help students learn the primary FSU Student Learning Outcomes selected above. This information will help committee members understand the overall scope and content of the course.
- b. Describe at least two different forms of assessment common to all sections that assess student learning of the primary FSU Student Learning Outcomes selected above.
- c. Describe how assessment data is/will be collected and used for continuous improvement of student learning of the primary FSU Student Learning Outcomes selected above.

3. Instruction

Describe how the course is taught. Include:

- a. methods of instruction (e.g., lectures, discussions, small groups, simulation), pointing out opportunities for active student learning
- b. qualifications required of all those who might teach the course, with areas of expertise, experience, and training
- c. name and rank of all instructors for the previous two years, number of sections taught by each, degree and discipline of each
- d. description of how course will be coordinated to insure consistent implementation and assessment across all sections of the course

COURSE CERTIFICATION COORDINATOR

_____ phone _____ email _____

SIGNATURES

Signatures signify approval of the certification request and assessment plan. Full certification will not be granted until a full assessment data cycle is complete.

SLO Advisory Board 1 _____ Date _____

SLO Advisory Board 2 _____ Date _____

Core Review Committee _____ Date _____

Department Chair _____ Date _____

College Dean _____ Date _____

University College Dean _____ Date _____

Provost _____ Date _____