

REAL Curriculum Program Alignment Proposal

Department or School: Enter dept/school name: Communication Sciences and Disorders Date: September 30, 2020

Degree type: BS BA BBA BSN BM BFA BSW Minor Certificate

Program: Communication Sciences and Disorders


REAL Area Program Designation Sought (check all that apply): R E A L

Dept/School Contact: Diane Millar, dcmillar@radford.edu

BS/BA Requirements: COSD 225, 301, 315, 316, 323, 330, 401, 403, 421, 425, 438, 454, 455, 459

- Any degree program that fulfills a REAL area must include at least 9 unique credit hours for each area covered. At least 3 of these 9 credit hours must be at the 300 level or above
- A single major degree program may fulfill no more than three REAL areas for any one student, unless all four REAL areas are fulfilled by accreditation or licensure requirements.
- A single minor or certificate degree program may fulfill no more than two REAL areas.
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- Please save this file for submission as PROGRAM NAME_ProgramType.docx (Example: Criminal Justice_BS.docx)

By signing, the department/school acknowledges the above conditions and considerations:

Dept/School Signature 	Date: 10/01/2020
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Official Program Description:

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Undergraduate Program

The mission of the Department of Communication Sciences and Disorders is to develop professionals who are ethical, knowledgeable, skillful, and capable of working independently and in collaboration with clients, families, and other professionals.

The commitment of the department to this mission is reflected in the undergraduate liberal arts and sciences requirements; in the academic course work in normal and abnormal development and behavior across the human life span; in course work that engenders awareness of issues in culturally diverse populations; in human communication disorders, and in diagnostic and treatment methodologies; in clinical practica requirements; and in course work teaching research skills that support lifelong learning.

The department offers an accredited graduate program in Speech-Language Pathology and a pre-professional undergraduate program. At the undergraduate level, the department offers a Bachelor of Arts or a Bachelor of Science degree in Communication Sciences and Disorders.

The professional practice of speech-language pathology and/or audiology requires a graduate degree from an accredited program. The department offers Master of Arts and Master of Science degrees at the graduate level. Individuals applying for national certification and state licensure must hold a master's (or doctoral) degree in the appropriate area of study, meet specific requirements in course work, practicum, and professional experience, and pass a national examination.

In the last year of undergraduate study, students apply to graduate programs in Speech-Language Pathology or Audiology. Completion of an undergraduate degree in Communication Sciences and Disorders (COSD) does not guarantee acceptance into a graduate program. Admission into graduate programs is competitive. Graduate school admission requirements and procedures are available in the Radford University Graduate Catalog.

Advising**Freshman and Sophomore Years**

Students wishing to pursue a bachelor's degree in Communication Sciences and Disorders (COSD) enter the Waldron College of Health and Human Services as Pre-COSD majors. They are advised through the Waldron College Advising Center. In their first two years, students typically complete their Core Curriculum requirements as specified below.

Junior and Senior Years

In order to be admitted as COSD majors, students must have junior class standing (completion of 56 semester credit hours) and have earned an overall grade point average of 2.8.

Graduation with Honors in Communication Sciences and Disorders

Radford University awards two types of Honors degree, Latin Honors and Honors in the Major through the Honors Academy. All COSD undergraduate majors are encouraged to learn about the requirements for these awards and take advantage of the academic opportunities offered through the Honors Academy. A general description of the Honors Academy at Radford University is available in the undergraduate catalog and on online at: <http://www.radford.edu/~honors/index.html>.

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Academic Programs

[Communication Sciences and Disorders, B.A.](#)

[Communication Sciences and Disorders, B.S.](#)

Graduate Program

The department offers a graduate program, which is accredited by the American Speech-Language-Hearing Association in speech-language pathology. Graduate school admission requirements and procedures are available in the [Radford University Graduate Catalog](#).

Communication Sciences and Disorders, B.A.

(120 semester hours)

COSD majors are required to complete 1) Core Curriculum requirements, 2) COSD major requirements, 3) Additional requirements, 4) Specific degree requirements, and 5) *Elective courses to reach a total of 120 credit hours for either the Bachelor of Arts (B.A.) or Bachelor of Science (B.S.) degree.

Core Curriculum Requirements (30-36 credits)

COSD majors are required to take the following courses and are advised to take them as part of their Core Curriculum Requirements:

MATH 137 - College Algebra (Recommended, but MATH 125 or higher will be accepted.)

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SOCY 110 - Introduction to Sociology

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PHYS 111 - General Physics I

PHIL 112 - Introduction: Ethics and Society (Recommended, but any approved Humanities Core course will be accepted.)

COSD Major Requirements (43 credits)

COSD 225 - Communication Processes, Development, and Disorders.

COSD 301 - Anatomy and Physiology of the Speech/Language/Hearing Mechanism

COSD 315 - Language Science

COSD 316 - Hearing Science

COSD 323 - Speech Science

COSD 330 - Introduction to Audiology

COSD 401 - Neuroanatomy in Communication Disorders

COSD 403 - Public School Methods in a Diverse Society

COSD 421 - Language Development: Birth to Five Years

COSD 425 - Later Language Development

COSD 438 - Phonetics

COSD 454 - Speech Language Disorders: Prevention and Assessment

COSD 455 - Speech-Language Disorders: Intervention Methods and Application

COSD 459 - Introduction to Articulation and Phonology

Additional Requirements (6 credits)

PSYC 230 - Lifespan Developmental Psychology

STAT 200 - Introduction to Statistics

B.A. Requirements (6-8 credits)

Bachelor of Arts

Completion of the Foreign Language requirements described in the Radford University Undergraduate Catalog. (See here.)

Total Hours Needed for Degree 120

SCIENTIFIC AND QUANTITATIVE REASONING

<p>R Area: Course Prefix: COSD Course Number: 316 Course Title: Hearing Science Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year: 40</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>R Area: Course Prefix: COSD Course Number: 323 Course Title: Speech Science Credit Hours: 4 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year: 40</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>R Area: Course Prefix: COSD Course Number: 330 Course Title: Introduction to Audiology Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year: 40</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>R Designated Course Required within the Program of Study Approved for Inclusion in the General Education Coursework: (please list at least one, can also be listed above but does not need to be)</p>	

<p>R Area: Learning Goal: To apply scientific and quantitative reasoning to questions about the natural world, mathematics, or related areas.</p>	
<p>Learning Outcome 1: Students apply scientific and quantitative information to test problems and draw conclusions.</p>	<p>Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL.</p>
<p>Learning Outcome 2: Students evaluate the quality of data, methods, or inferences used to generate scientific and quantitative knowledge.</p>	<p>Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL.</p>
<p>Additional information for REAL Council consideration:</p>	

HUMANISTIC OR ARTISTIC EXPRESSION

<p>E Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Projected student enrollment per academic year:</p>	<p>Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
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<p>E Designated Course Required within the Program of Study Approved for Inclusion in the General Education Coursework: (please list at least one, can also be listed above but does not need to be)</p>	

<p>E Area: Learning Goal: To explore humanistic or artistic expression through inquiry or creativity.</p>	
<p>Learning Outcome 1: Students demonstrate understanding of diverse ideas, languages, products, or processes of humanistic inquiry or artistic expression.</p>	<p>Description of learning outcome assessment plan:</p>
<p>Learning Outcome 2: Students critically evaluate, synthesize, or create forms of human expression or inquiry.</p>	<p>Description of learning outcome assessment plan:</p>
<p>Additional information for REAL Council consideration:</p>	

CULTURAL OR BEHAVIORAL ANALYSIS

<p>A Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year:</p>	<p>Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
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<p>A Designated Course Required within the Program of Study Approved for Inclusion in the General Education Coursework: (please list at least one, can also be listed above but does not need to be)</p>	

<p>A Area: Learning Goal: To examine the context and interactions of culture(s) and/or behavior(s).</p>	
<p>Learning Outcome 1: Students describe behaviors, beliefs, cultures, social institutions, and/or environments.</p>	<p>Description of learning outcome assessment plan:</p>
<p>Learning Outcome 2: Students analyze the interactions of behaviors, beliefs, cultures, social institutions, and/or environments.</p>	<p>Description of learning outcome assessment plan:</p>
<p>Additional information for REAL Council consideration:</p>	

APPLIED LEARNING

<p>L Area: Course Prefix: COSD Course Number: 225 Course Title: Communication Processes, Development, and Disorders Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year: 45</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>L Area: Course Prefix: COSD Course Number: 455 Course Title: Speech-Language Disorders: Intervention Methods and Application Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year: 40</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below.</p> <p>Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below)</p> <p>Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other</p> <p>Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
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<p>L Area: Learning Goal: To explore professional practice through the application of knowledge, skills, and critical reflection.</p>	
<p>Learning Outcome 1: Students apply acquired knowledge and skills to develop professional identity or professional practice.</p>	<p>Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL.</p>
<p>Learning Outcome 2: Students critically reflect on their learning, abilities, experiences, or role within professional contexts.</p>	<p>Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL.</p>
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Are existing material resources adequate to support this program alignment proposal?

Yes No If not, what additional material resources would be needed?

Are existing space resources adequate to support this program alignment proposal?

Yes No If not, what additional space resources would be needed?

Are existing human resources adequate to support this program alignment proposal?

Yes No If not, what additional human resources would be needed?

Department Curriculum Committee Recommendation:	Signature: 	Date: 10-01-2020
Chair/Dean on Behalf of Dept/School:	Signature: 	Date: 10-01-2020
College Curriculum Committee Approval:	Signature:	Date:
Dean/AVP Approval:	Signature:	Date:
REAL Council Recommendation:	Signature:	Date:
Faculty Senate Curriculum Committee Recommendation:	Signature:	Date:
Faculty Senate Approval:	Signature:	Date:
Provost Approval:	Signature:	Date:

REAL Curriculum Program Alignment Proposal

Department or School: Enter dept/school name: Communication Sciences and Disorders Date: September 30, 2020

Degree type: BS BA BBA BSN BM BFA BSW Minor Certificate

Program: Communication Sciences and Disorders

REAL Area Program Designation Sought (check all that apply): R E A L

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[Communication Sciences and Disorders, B.A.](#)

[Communication Sciences and Disorders, B.S.](#)

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COSD 459 - Introduction to Articulation and Phonology

Additional Requirements (6 credits)

PSYC 230 - Lifespan Developmental Psychology

STAT 200 - Introduction to Statistics

B.S. Requirements (6-8 credits)

Bachelor of Science

Six to eight semester credit hours in courses approved by the department. Students should consult with their academic advisor for a listing of those courses.

Elective Courses (19-21 credits)

Total Hours Needed for Degree 120

SCIENTIFIC AND QUANTITATIVE REASONING

<p>R Area: Course Prefix: COSD Course Number: 316 Course Title: Hearing Science Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year: 40</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>R Area: Course Prefix: COSD Course Number: 323 Course Title: Speech Science Credit Hours: 4 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year: 40</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>R Area: Course Prefix: COSD Course Number: 330 Course Title: Introduction to Audiology Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year: 40</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>R Designated Course Required within the Program of Study Approved for Inclusion in the General Education Coursework: (please list at least one, can also be listed above but does not need to be)</p>	

<p>R Area: Learning Goal: To apply scientific and quantitative reasoning to questions about the natural world, mathematics, or related areas.</p>	
<p>Learning Outcome 1: Students apply scientific and quantitative information to test problems and draw conclusions.</p>	<p>Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL.</p>
<p>Learning Outcome 2: Students evaluate the quality of data, methods, or inferences used to generate scientific and quantitative knowledge.</p>	<p>Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL.</p>
<p>Additional information for REAL Council consideration:</p>	

HUMANISTIC OR ARTISTIC EXPRESSION

<p>E Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year:</p>	<p>Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>E Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year:</p>	<p>Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>E Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year:</p>	<p>Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>E Designated Course Required within the Program of Study Approved for Inclusion in the General Education Coursework: (please list at least one, can also be listed above but does not need to be)</p>	

<p>E Area: Learning Goal: To explore humanistic or artistic expression through inquiry or creativity.</p>	
<p>Learning Outcome 1: Students demonstrate understanding of diverse ideas, languages, products, or processes of humanistic inquiry or artistic expression.</p>	<p>Description of learning outcome assessment plan:</p>
<p>Learning Outcome 2: Students critically evaluate, synthesize, or create forms of human expression or inquiry.</p>	<p>Description of learning outcome assessment plan:</p>
<p>Additional information for REAL Council consideration:</p>	

CULTURAL OR BEHAVIORAL ANALYSIS

<p>A Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year:</p>	<p>Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>A Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year:</p>	<p>Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>A Area: Course Prefix: Course Number: Course Title: Credit Hours: New course: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised course: <input type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year:</p>	<p>Is this course required or an elective for your degree program? <input type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>A Designated Course Required within the Program of Study Approved for Inclusion in the General Education Coursework: (please list at least one, can also be listed above but does not need to be)</p>	

<p>A Area: Learning Goal: To examine the context and interactions of culture(s) and/or behavior(s).</p>	
<p>Learning Outcome 1: Students describe behaviors, beliefs, cultures, social institutions, and/or environments.</p>	<p>Description of learning outcome assessment plan:</p>
<p>Learning Outcome 2: Students analyze the interactions of behaviors, beliefs, cultures, social institutions, and/or environments.</p>	<p>Description of learning outcome assessment plan:</p>
<p>Additional information for REAL Council consideration:</p>	

APPLIED LEARNING

<p>L Area: Course Prefix: COSD Course Number: 225 Course Title: Communication Processes, Development, and Disorders Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year: 45</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>L Area: Course Prefix: COSD Course Number: 455 Course Title: Speech-Language Disorders: Intervention Methods and Application Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year: 40</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>L Area: Course Prefix: COSD Course Number: 459 Course Title: Introduction to Articulation and Phonology Credit Hours: 3 New course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revised course: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Projected student enrollment per academic year: 40</p>	<p>Is this course required or an elective for your degree program? <input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective Is this course offered within your dept/school? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, collaborating dept/school must also complete the remaining elements, and must sign below. Course Rotation: <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Intersession <input type="checkbox"/> Other (Explain below) Intended Frequency: <input checked="" type="checkbox"/> Every academic year <input type="checkbox"/> Every semester <input type="checkbox"/> Every other year <input type="checkbox"/> At least once every three years <input type="checkbox"/> Other Signature of collaborating chair/director indicating acknowledgement for inclusion and designation if not offered in dept/school:</p>
<p>L Designated Course Required within the Program of Study Approved for Inclusion in the General Education Coursework: (please list at least one, can also be listed above but does not need to be)</p>	

<p>L Area: Learning Goal: To explore professional practice through the application of knowledge, skills, and critical reflection.</p>	
<p>Learning Outcome 1: Students apply acquired knowledge and skills to develop professional identity or professional practice.</p>	<p>Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL.</p>
<p>Learning Outcome 2: Students critically reflect on their learning, abilities, experiences, or role within professional contexts.</p>	<p>Description of learning outcome assessment plan: The plan for assessment is to use the university-based assessment that will be developed for REAL.</p>
<p>Additional information for REAL Council consideration:</p>	

Are existing material resources adequate to support this program alignment proposal?

Yes No If not, what additional material resources would be needed?

Are existing space resources adequate to support this program alignment proposal?

Yes No If not, what additional space resources would be needed?

Are existing human resources adequate to support this program alignment proposal?

Yes No If not, what additional human resources would be needed?

Department Curriculum Committee Recommendation:	Signature: 	Date: 10/01/2020
Chair/Dean on Behalf of Dept/School:	Signature: 	Date: 10/01/2020
College Curriculum Committee Approval:	Signature:	Date:
Dean/AVP Approval:	Signature:	Date:
REAL Council Recommendation:	Signature:	Date:
Faculty Senate Curriculum Committee Recommendation:	Signature:	Date:
Faculty Senate Approval:	Signature:	Date:
Provost Approval:	Signature:	Date: