

NORTH CAROLINA STATE UNIVERSITY COURSE ACTION FORM

For instructions, please consult: http://www.ncsu.edu/provost/academic_programs/courses/crsindx.html

TYPE OF PROPOSAL:	
New Course	_____
Course to be dropped	_____
Course Review	_____
Course Revision*	_____
GER List Action	___x___
Dual-level Course	_____
* REVISION IN:	
Prefix/Number	_____
Title/Abbreviated Title	_____
Scheduling	_____
Credit Hours/Contact Hours	_____
Grading Method	_____
Pre/Corequisite	_____
Restrictive Statement	_____
Catalog Description	_____
Content	_____
Student Learning Outcomes	_____
Proposed Effective Date: ___/___/___	
Approved Effective Date: ___/___/___	

DEPARTMENT/PROGRAM Mathematics
COURSE PREFIX MA NUMBER 111
PREVIOUS PREFIX/NUMBER _____
COURSE TITLE Precalculus
ABBREVIATED TITLE _____ (18 including spaces)
SCHEDULING: Fall x, Spring _____, Summer x, Every Year x
Alt. Year Odd _____ Alt. Year Even _____ Other _____
CREDIT HOURS 3 OFFERED BY DISTANCE EDUCATION ONLY? _____
CONTACT HOURS: Lecture/Recitation 4 Seminar _____ Laboratory _____ Problem _____
Studio _____ Independent Study/Research _____ Internship/Practicum/Field Work _____
GRADING: ABCDF x or S/U _____ DATE OF LAST ACTION: 12/89
PREREQUISITE(S) _____
COREQUISITE(S) _____
PRE/COREQUISITE for Following Course(s) _____

RESTRICTIVE STATEMENT(S) Credit in MA 111 does not count toward graduation for students in engineering, Physical and Mathematical Sciences, Design, Biological and Agricultural Engineering (Science Program), Biological Sciences (all options), Mathematics Education, Science Education, and Textiles.

CATALOG DESCRIPTION (Limit to 80 words): Real numbers, functions and their graphs (special attention to polynomial, rational, exponential, logarithmic, and trigonometric functions), analytic trigonometry.

CURRICULA/MINORS FOR WHICH COURSE IS DESIGNED:

Required: N/A

Elective: B.A. Program in CHASS, most CALS programs

GER LIST(S): Mathematics

INSTRUCTOR RESPONSIBLE FOR COURSE/RANK: Brenda Burns -Williams, Ph.D.

ANTICIPATED ENROLLMENT PER SEMESTER: 500 Maximum No./Sect.: 90 Multiple Sections: Yes x No _____

RECOMMENDED BY:

DOCUMENTATION AS REQUIRED:	
<i>Please number all documentation pages attached to course action form.</i>	
Course Justification	_____
Proposed Revision(s) with Reasons	_____
Enrollment for last 5 years	_____
Resources Statement	_____
Consultation with other Departments	_____
GER Course Documentation	___x___
GER category objectives	___x___
GER student learning outcomes	___x___
Means of assessing GER outcomes	___x___
Syllabus (Current and Proposed)	_____

Head, Department/Program	Date
ENDORSED BY:	
Chair, College Courses & Curricula Committee	Date
College Dean	Date
Chair, University Courses & Curricula Committee	Date
Chair, Council on Undergraduate Education	Date

APPROVED:

Provost's Office _____ Date _____