

CRCD

N/A

ORIENTATION TO ALASKA NATIVE EDUCATION

If Change indicate below what is changing.

DESCRIPTION
FREQUENCY OF OFFERING
Prerequisites will be required before a student is allowed to enroll in the course.

**COURSE
SIFICATION**

(400/600)
Include syllabi

an
compress

more than
approved by
curriculum co

few days per credit
college or school's curriculum
Furthermore

3 4 5 6 weeks to
full semester

COURSE CLASSIFICATIONS:

YES

NO

*Format 6

Format 7

1.A Is course content related to northern, arctic or circumpolar studies? If yes, a "snowflake" symbol will be added in the printed Catalog, and flagged in Banner.

YES

N
/
A

NO

COURSE REPEATABILITY:

YES

NO

X

(s)

3 Credits

Offered As Demand Warrants

Comparative approach to analyzing Indigenous rights and policies in different nation-state systems. Multiple countries and specific economic developments examined for factors promoting or limiting self-determination. Upper division standing or permission of instructor. 50) (3+0)

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8. GRADING SYSTEM: Specify only one.

LETTER:

PASS/FAIL:

9. ESTIMATED IMPACT

There will be no measurable impact on any of the above.

10. LIBRARY COLLECTIONS

WE ARE DROPPING THE COURSE

11. IMP

When programs/d time
In e informatio he o

s proposed action?
g email, memo)

Please specify impacts on courses, programs and
departments resu oposed action

Email from SOE Dean indicating agreement with discontinuing cross-list is attached.

APPROVALS: *(Additional signature blocks may be added as necessary.)*

Signature Chair
Program/Department of

ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE GOVERNANCE OFFICE.

	Date
Signature Chair	
Faculty Senate Review Committee	___ Curriculum Review GAAC
	___ Core Review ___ SADAC

ADDITIONAL SIGNATURES: *(As needed for cross-listing and/or stacking; add more blocks as necessary.)*

Signature Chair
Program/Department of

Signature Chair College/School
Curriculum Council for

[http://...](#)

<http://www>

<http://www>

5102 2

Department of

Signature of _____, College School
Clerical Council of _____



Signature of _____, College/
for: _____
Offerings _____
Provest _____

LP R
CRCI

10/10/16

Signature of _____

College/School
for:

in _____
to _____
