Request for Lab B

1. Course Number/Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credits: \_\_\_\_\_\_\_

Hours lecture: \_\_\_\_\_\_\_

Hours lec-lab: \_\_\_\_\_\_\_

Hours lab: \_\_\_\_\_\_\_

2. Person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Which best describes the LAB portion of the class format?

* Students working independently with the instructor available, and in the instructional area, for assistance and supervision
* Combination of faculty lectures and demonstration guided student interaction and supervised student application of lectures.

4. What is the nature of student work that is generally evaluated during class hours?

|  |  |  |
| --- | --- | --- |
|  | Required in all sections |  Instructor discretion |
| Lab quizzes or exams  |  |  |
| Lab notebooks |  |  |
| Lab reports |  |  |
| Performance evaluation |  |  |
| Team presentations |  |  |
| Other (describe) |  |  |

5. What is the nature of student work that is evaluated outside of scheduled class hours?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Required in all sections |  Instructor discretion | How many/ amount of time spent per term |
| Lab quizzes or exams  |  |  |  |
| Lab notebooks |  |  |  |
| Lab reports |  |  |  |
| Performance evaluation |  |  |  |
| Team presentations |  |  |  |
| Other (describe) |  |  |  |

6. Please describe the nature of the feedback that is provided to students based on evaluation of lab work (i.e., scores, grades, comments, verbal feedback, other?). What feedback is expected in all sections vs. at the discretion of the individual instructor? Where and how are expectations for all sections communicated? (Note: if applicable to all sections, this information should be part of the CCOG)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**RECOMMENDATION/APPROVAL**

**Division Dean(s)**

for all relevant campuses (offering or likely to offer this course; use NA if not applicable)

Your signature indicates that the information presented above is accurate to the best of your knowledge, and that you support the request for Lab B (realizing that there will be no additional funding to the Division as a result of the change. If you have questions or concerns, please confer with your DOI before

|  |  |  |  |
| --- | --- | --- | --- |
| Campus | Print Name | Signature | Date |
| Cascade |  |  |  |
| Rock Creek |  |  |  |
| Southeast |  |  |  |
| Sylvania |  |  |  |

**Deans of Instruction**

(Please note that even if courses in this program ore offered only at one campus, all of the DOI s review and approve Lab B requests)

|  |  |  |  |
| --- | --- | --- | --- |
| Campus | Print Name | Signature | Date |
| Cascade |  |  |  |
| Rock Creek |  |  |  |
| Southeast |  |  |  |
| Sylvania |  |  |  |

Once all signatures have been obtained, please forward to Stacey Holland in the Curriculum Office: stimmins@pcc.edu