COURSE APPROVAL DOCUMENT
Southeast Missouri State University

Department: ___________________________  Course No.  IS003

Title of Course: ___________________________  Date: ____________

Please check:  X  New  □  Revision

I. Catalog Description (Credit Hours of Course):
Computer Information Systems Assessment. Required of all Computer Information Systems (CIS) majors. Pass / Fail credit only. Prerequisite: Computer Information Systems Major. Enrollment in final semester of degree program; corequisite–IS 495 and UI450. 0 credit hours.

II. Co- or Prerequisite(s):
Computer Information Systems (CIS) Major. Enrollment in final semester of degree program. Corequisite: IS 495, UI450 and to be taken the last spring semester of study.

III. Purposes or Objectives of the Course (optional):
A. To provide a means for gathering data for the assessment in the Department of Computer Science.
B. To provide students nationally-normed comparison(s) to their undergraduate peers in Computer Science.

IV. Student Learning Outcomes (Minimum of 3):
A. Not Applicable

V. Optional departmental/college requirements:
A. Students are expected to prepare for standardized examination(s) in a manner appropriate to their own study habits.
B. Students are expected to participate in review sessions prior to taking the examination(s).
C. Students are expected to consider these exam(s) important tool(s) for assessing the quality of their education.
D. Students are expected to consider these exam(s) an important measure of their own capabilities in computer science subject matter.
E. Students are expected to take the exam(s) on the arranged date(s).
F. Students are expected to participate completely and candidly in an exit interview conducted by the Department Chairperson or designee.

VI. Course Content or Outline (Indicate number of class hours per unit or section):
A. Review Sessions - A time period will be allocated for publication in the preregistration bulletin – 3 hours
B. Appropriate ICCP Exams – Dates to be announced at the start of the semester – 3 hours
C. Interview with Department Chairperson or designee – Last week of the semester - .5 hour

Please Attach copy of class syllabus and schedule as an example. Not Applicable.

Signature: __________________________________________  Date: _____________________

Chair

Signature: __________________________________________  Date: _____________________

Dean