University of North Dakota

Application for Essential Studies Status in Social Science

The ESC receives validation requests at any time and will normally act on them within 60 days. Once approved, newly validated courses will appear on the list of Approved Essential Studies Courses by June.

1. Department and Course Number: 

2. Course Title: 

3. Credit Hours: ________

4. Is this [ ] A new course? [ ] An existing course not on the ES list?

5. What ES goal is this course designed to meet? All ES courses are required to thoroughly address one ES program goal. You should choose the one goal that will be most emphasized in the course. Please see the ES Program Goals for a more thorough description of each goal.

[ ] Goal #1 Thinking and Reasoning

Students should be able to use a variety of thinking and reasoning skills, apply these skills as appropriate in various situations, and move among them depending on purpose.

- critical thinking
- quantitative reasoning
- creative thinking

[ ] Goal #2 Communication

Students should be able to write and speak in civic, academic, and professional settings with a sense of purpose and audience.

- written communication
- oral communication

[ ] Goal #3 Information Literacy

Students should be able to access and evaluate information for effective, efficient, and ethical use in a variety of contexts.

[ ] Goal #4 Diversity

Students should be able to demonstrate understanding of social-cultural diversity and use that understanding to address issues, solve problems, and shape civic, personal, and professional behavior.

6. Explain, in detail, how the course under consideration will meet the chosen ES goal. You should address each of the following points when giving your explanation:

- How will course goals align with the ES goal?
- How will the course activities (use of in-class time) align with the ES goal?
- How will the graded activities align with the ES goal?

7. Please include an assessment plan that will demonstrate how well students are meeting the ES goal specified above. Your assessment plan must include both indirect and direct assessment measures. If this course will be taught by multiple instructors, then your assessment plan must describe how you will obtain assessment data that is representative of the course as a whole.

8. Is this course being nominated in an ES special emphasis area? If so, check the appropriate area in the list below. Please see the ES Special Emphasis Criteria for a thorough description of each special emphasis area and for criteria that a course in each area must meet.
9. If not already addressed in your response to #6 above, please explain, in detail, how the course under consideration will meet the criteria for the chosen special emphasis area. You should be sure to thoroughly address the criteria outlined in the *ES Special Emphasis Criteria*.

10. Actual (or proposed) course catalog description:

11. Please attach a complete syllabus for the course. The syllabus *must* include the ES goal that the course is designed to meet along with a brief statement describing how that goal will be met. If this course is being nominated in a special emphasis area, then the syllabus must also include the information described in the appropriate *ES Special Emphasis Criteria*.

12. Submit the original, plus sixteen copies (including copies of the syllabus), to Sharon Bruggeman, Registrar’s Office, Stop 8382.

**Signatures**

Department submitted by:

____________________________________________________________

Faculty Member Responsible for Course (if other than Chair):

____________________________________________________________

Department Chair Signature: ______________________________________ Date: ______________

College: ___________________________________________________

____________________________________________________________

College Dean Signature: _______________________________________ Date: ______________

**Essential Studies Requirements Committee Action**

[ ] Approved [ ] Approved Provisionally (see memo) [ ] Not Approved

Committee Signature: ______________________________________ Date: __________

Registrar’s Office Signature: ______________________________ Date: __________

Returned to (Dept.): ______________________________ Date: __________