**CSL designation COURSE REQUEST**

**(please complete right column (in blue) only)**

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| Course Title (full name)  |  |
| Course Code  | (four letter alpha code and number e.g.: HRES 5101) |
| Course Professor/Instructor (name)  | (lead instructor or course coordinator can be named here if there are multiple sections – only one form per course request is standard) |
| Course Professor/Instructor email  | XXXXXX@mtroyal.ca |
| Course Professor/Instructor phone #  | 403.440.XXXX |
| Faculty and Department  |  |
| Is CSL part of each section of this course (please indicate yes for all sections, or specify which sections are CSL)  | Yes or No (if no, please specify)  |
| Is the CSL component mandatory for all students? (yes or no)  | Yes or No  |
| Effective date requested of CSL designation to course (unless otherwise noted, designation will be confirmed for that term and all terms going forward provided there are no material changes to the CSL course component) | Semester (e.g.: Fall 2019)  |
| How many sections of this course run per year  | # of sections  |
| Anticipated # of students per course | # of students/section  |
| Average number of community partners per course | # of community partners/section  |
| Brief description of CSL project:team based or individual, or either,learning outcomes for student,benefit for community partner |  |
| Description of CSL Assessment: Worth of CSL project\* as a % of final Grade? (please outline specifics where possible – e.g.: 10% is outline of CSL project, project paper is 35% of grade, presentation to community partner is 5% of grade, reflective journal is 5% of grade for total of 55% of final grade. \*CSL assessment needs to be a minimum of 15% of final grade for designated CSL courses.  | % overall % breakdown  |
| Student activities and # of hours\* required to complete the project. Please specify (best you can) the estimated number of hours dedicated to the CSL (overall) project. \*CSL projects require a minimum of 20 student hours overall for designated CSL courses.  | XX hours per student  |
| Confirmation there is at least one community partner\* (please state yes or no). \*there needs to be a community partner for designated CSL courses.  | Yes or No |
| Confirmation there is a reflective assessment and component to the course\* (please state yes or no). \*there needs to be a reflective component to designated CSL courses.  | Yes or No |
| Confirmation there is an academic learning component to the CSL assessment\* (please state yes or no). \*there needs to be an academic learning component to designated CSL courses.  | Yes or No |

Please attach Course Outline and a copy of the CSL assessment/assignment: send to adc@mtroyal.ca