

**WASHTENAW COMMUNITY COLLEGE
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

APP 222

SECTION I. SUBMISSION INFORMATION

1. Course:
Discipline/No: APP 222 **Title:** Heating Science **Start Term** F02

Division Code: HAT Department Code: CIND Org #: 14725 Don't publish: in College Catalog
 in Time Schedule on Web Page

2. Type of Approval:
 Full Approval
 Conditional Approval

This proposal previously received conditional approval for the term: F02

3. Reason for Submission: This Course is being submitted for: (check all that apply)
 New Course Approval
 Five-year Syllabus Review No changes to course
 Major Change(s)
 Minor Change(s)*
 Reactivation of Inactive Course
 Inactivation

*If requesting a change to a course that has conditional approval, please submit a complete syllabus.

4. Change Information:

<p>Minor Changes</p> <input type="checkbox"/> Course Discipline/Number (was _____) <input type="checkbox"/> Course Title (was _____) <input type="checkbox"/> Course Description <input type="checkbox"/> Class Capacity (was: _____) <input type="checkbox"/> Pre or Co-requisites <input type="checkbox"/> Course Objectives (minor changes) <input type="checkbox"/> Distribution of Contact Hours (contact hours were: lect: _____ lab _____ clin _____ other _____) <input type="checkbox"/> Other _____	<p>Major Changes</p> <input checked="" type="checkbox"/> Credit hours (credits were: <u>04</u>) <input type="checkbox"/> Change in Grading Method <input type="checkbox"/> Total Contact Hours (total contact hours were: _____) <input type="checkbox"/> Approval for offering an Honors Section <input type="checkbox"/> Approval for offering Distance Learning Sections <input type="checkbox"/> General Education Distribution Course: Add <input type="checkbox"/> Remove <input type="checkbox"/> <input type="checkbox"/> Pre or Co-requisites (that affect other departments)
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5. Rationale Changes are being made in response to data from Assessment: yes no
Reduce # of credit hours from 4 to 3

SECTION II. SIGNATURES

1. Department Review
Will any new resources be required? No, none anticipated Yes
You must consult all departments that may be affected by this course. List departments contacted below and attach relevant documents.

Does the department support approval of this course? yes no

Print: Patricia Crider Signature: Patricia Crider Date: 9/24/02
Faculty/Preparer

Print: _____ Signature: _____ Date: _____
Department Chair

2. Division Review
Is this a curricular priority for your division? yes no (Comment _____)
What is the estimated enrollment? _____

Recommendation Yes No [Signature]
Dean's Signature Date: 9/24/02

3. Curriculum Committee Review
Recommendation Yes No [Signature]
Curriculum Committee Chair's Signature Date: 9.12.02

4. Vice President for Instruction and Student Services Approval
Approval Yes No [Signature]
Executive Vice President's Signature Date: 9/23/02

ACS Code _____ Entered in Banner 4/29/02 Entered in Access 9/23/02 Log File 9/23/02
Approved for General Education Area/Group _____ Syllabus Date 200209 9/23/02

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SECTION III. COURSE SYLLABUS

A. COURSE DETAILS

Discipline & No.: APP 222 **Title:** Heating Science

1. Description:

This course will introduce students to energy and heat relationships. Major topics include: heat transfer, insulation, measuring temperature, Centigrade and Fahrenheit scale; British thermal units; pressure; thermal conductivity; transfer coefficient; and heating fuels. An in-depth review of types of heating will be discussed and includes: hydronic heating, radiant heating, forced air heating, convection heating, direct fired heating, solar heating, conduction heating, electric heating, basic combustion and controls, oil fired and gas fired heating systems.

2. Credit Hours: <u>03</u> If Variable credit, Give Range: _____ to _____ credits If repeatable for credit, how many times _____	3. Contact Hours per Semester: Lecture: <u>30</u> Lab: <u>30</u> Clinical: _____ Other: _____ Total Contact Hours: <u>60</u>	4. Class Capacity: <u>24</u>	5. Course Options: <input type="checkbox"/> Distance learning <input type="checkbox"/> Honors <input type="checkbox"/> P/NP Grading
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6. Prerequisite(s) and/or "(* Course	Min Grade	*Concurrent Enrollment	Test Name	Min. Score	**Level "Y"	I	II	Other Prerequisites
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Consent Required

8. Course Purpose: <input checked="" type="checkbox"/> Program Requirement <input type="checkbox"/> General Education <input type="checkbox"/> Program Support <input type="checkbox"/> Basic Skills/Developmental <input type="checkbox"/> Transfer <input type="checkbox"/> Industry/Professional Dev <input type="checkbox"/> Enrichment	If a program requirement, specify the program(s) <u>Local 190 apprenticeship program</u> _____ _____	Please send syllabus for Transfer evaluation to: <input type="checkbox"/> EMU <input type="checkbox"/> UM <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Accepted for transfer: <input type="checkbox"/> EMU _____ <input type="checkbox"/> UM _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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9. Terms Course will be offered:							
Terms	Session Length (e.g. 15 weeks, 1 st 7½ weeks, etc.)	Day	Eve	Even years only	Odd years only		
<input checked="" type="checkbox"/> Fall	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Winter	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Spr/Summer	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

B. MAJOR INSTRUCTIONAL UNITS

1. Heating Science

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C. INSTRUCTIONAL OBJECTIVES

Unit #1 Heating Science

The student will describe, define and demonstrate an understanding of:

1. energy and heat relationships
2. heat transfer
3. insulation
4. measuring temperature
5. the centigrade and Fahrenheit scale
6. btu, British thermal units
7. pressure
8. thermal conductivity
9. transfer coefficient
10. heating fuels
11. introduction to:
12. hydronic heating
13. forced air heating
14. convection heating
15. direct fired heating
16. solar heating
17. conduction heating
18. electric heating
19. basic combustion and controls
20. oil fired
21. gas fired
22. flame chemistry
23. btu content
24. atomizing and power burners
25. safety
26. gas valves
27. fuel orifices
28. pressure regulators
29. combustion gas testing

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D. INSTRUCTIONAL METHODS, EVALUATION CRITERIA, AND ASSESSMENT

1. Instructional Methods:

<input checked="" type="checkbox"/> Lecture/Discussion _____ <input type="checkbox"/> Clinical Instruction _____ <input checked="" type="checkbox"/> Laboratory Assignments _____ <input type="checkbox"/> Internet Assignments _____ <input type="checkbox"/> Computer Simulations _____ <input type="checkbox"/> On-Site Work Experience _____ <input type="checkbox"/> Team Assignments _____ <input type="checkbox"/> Demonstrations _____	<input type="checkbox"/> Performances _____ <input type="checkbox"/> Group Critiques _____ <input type="checkbox"/> Field Trips _____ <input type="checkbox"/> Telecourse _____ <input type="checkbox"/> ITV Course _____ <input type="checkbox"/> Self-Paced Instruction _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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2. Evaluation Criteria:

<input checked="" type="checkbox"/> Attendance _____ <input checked="" type="checkbox"/> Class Discussion _____ <input checked="" type="checkbox"/> Papers _____ <input type="checkbox"/> Portfolios _____ <input type="checkbox"/> Projects _____ <input type="checkbox"/> Reports _____ <input type="checkbox"/> Clinical Assignments _____ <input checked="" type="checkbox"/> Home Work _____	<input checked="" type="checkbox"/> Quizzes _____ <input checked="" type="checkbox"/> Tests _____ <input type="checkbox"/> Midterm _____ <input checked="" type="checkbox"/> Final Exam _____ <input type="checkbox"/> Presentations _____ <input type="checkbox"/> Individual Performance _____ <input type="checkbox"/> Group/Team Performance _____ <input type="checkbox"/> Other _____
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3. Assessment of Student Achievement:

<input type="checkbox"/> Departmental Exam _____ <input type="checkbox"/> Follow-on Tracking _____ <input type="checkbox"/> Standardized Test _____ <input type="checkbox"/> Portfolio Assessment _____	<input checked="" type="checkbox"/> Pre-test/Post-test _____ <input type="checkbox"/> Simulations _____ <input type="checkbox"/> Comprehensive Project _____ <input type="checkbox"/> Other _____
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F. EQUIPMENT, FACILITIES, TEXTS, MATERIALS, AND SUPPLIES

1. Special Equipment/Facilities :

<input type="checkbox"/> Lab equipment _____ <input type="checkbox"/> Computer Lab _____ <input type="checkbox"/> CD ROM's _____ <input type="checkbox"/> Data Projector/Screen _____ <input type="checkbox"/> VCR _____ <input type="checkbox"/> TV Monitor _____	<input type="checkbox"/> ITV Classroom _____ <input type="checkbox"/> Off-Campus Sites _____ <input type="checkbox"/> Testing Center _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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2. Texts:

Title: UA material supplied by local 190

Author: _____ Copyright Yr: _____

Publisher: _____ Est. Cost: _____

Title: _____

Author: _____ Copyright Yr: _____

Publisher: _____ Est. Cost: _____

Title: _____

Author: _____ Copyright Yr: _____

Publisher: _____ Est. Cost: _____

Title: _____

Author: _____ Copyright Yr: _____

Publisher: _____ Est. Cost: _____

Additional Texts:

3. Supplies and/or Uniforms students will have to Acquire: (e.g. calculators, uniforms, tools, etc.)

Descriptions	Cost Estimates
_____	_____
_____	_____
_____	_____

4. Reference Materials that will be used: (e.g. journals, books, manuals, maps, LRC reserves, etc.)

Title/Name	Location
_____	_____
_____	_____

5. Computer Software that will be used:

Title/Name	Location
_____	_____
_____	_____
_____	_____

6. Audio/Visual Materials that will be used: (e.g. films, video tapes, slides, audio tapes, CDs, etc.)

Title/Name	Location
_____	_____
_____	_____
_____	_____

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Title: Heating Science

Course

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Outline:

1. Energy and heat relationships
2. Heat transfer
3. Insulation
4. Measuring temperature
5. Centigrade and Fahrenheit scale
6. BTU- British thermal units
7. Pressure
8. Thermal conductivity
9. Transfer coefficient
10. Heating fuels
11. Types of heating systems