

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

APP 232

**SECTION I. SUBMISSION INFORMATION**

**1. Course:**  
**Discipline/No:** APP 232      **Title:** Theory & Operation of Heating Equipment      **Start Term** W03

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

<p><b>2. Type of Approval:</b></p> <input checked="" type="checkbox"/> Full Approval <input type="checkbox"/> Conditional Approval <hr/> <input type="checkbox"/> This proposal previously received conditional approval for the term: _____	<p><b>3. Reason for Submission:</b> This Course is being submitted for: (check all that apply)</p> <input type="checkbox"/> New Course Approval <input checked="" type="checkbox"/> Five-year Syllabus Review <input type="checkbox"/> No changes to course <input checked="" type="checkbox"/> Major Change(s) <input type="checkbox"/> Minor Change(s)* <input type="checkbox"/> Reactivation of Inactive Course <input type="checkbox"/> Inactivation
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\*If requesting a change to a course that has conditional approval, please submit a complete syllabus.

**4. Change Information:**

<p><b>Minor Changes</b></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><b>Major Changes</b></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   
Align credit hours with local 190 third party billing and payment requirements.

**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: Scott Klapper      Faculty/Preparer      Signature Scott Klapper      Date: 10-15-02

Print: Scott Klapper      Department Chair      Signature Scott Klapper      Date: 10-15-02

**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      10/16/02      Date

**3. Curriculum Committee Review**  
Recommendation  Yes       No      [Signature]      Curriculum Committee Chair's Signature      3-20-03      Date

**4. Vice President for Instruction and Student Services Approval**  
Approval  Yes       No      [Signature]      Executive/Vice President's Signature      3/24/03      Date

ACS Code \_\_\_\_\_      Entered in Banner 12/21      Entered in Access 1/3/27      Log File 3/27/03  
Approved for General Education Area/Group \_\_\_\_\_      Syllabus Date 200301

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**SECTION III. COURSE SYLLABUS**

**A. COURSE DETAILS**

**Discipline & No.:** APP 232    **Title:** Theory & Operation of Heating Equipment

**1. Description:**

This course will enable students to understand the theory and operation of heating equipment. This course will enable students to understand maintaining comfort conditions. It will teach how heat is delivered, heating fuels and hydronic heating components. This course will enable students to understand power burners. This course will enable students to understand electric heating coils.

<b>2. Credit Hours:</b> <u>03</u> If Variable credit, Give Range: _____ to _____ credits  If repeatable for credit, how many times _____	<b>3. Contact Hours per Semester:</b> Lecture: <u>30</u> Lab: <u>30</u> Clinical: _____ Other: _____ Total Contact Hours: <u>60</u>	<b>4. Class Capacity:</b> <u>24</u>	<b>5. Course Options:</b> <input type="checkbox"/> Distance learning  <input type="checkbox"/> Honors  <input type="checkbox"/> P/NP Grading
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6. Prerequisite(s) and/or "(C"	Course	Min Grade	*Concurrent Enrollment	Test Name	Min. Score	**Level ")"	I	II	Other Prerequisites
<input type="checkbox"/>	APP 111		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	APP 112		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	APP 113		<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

**7. Corequisites:**

\_\_\_\_\_

\_\_\_\_\_

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

**B. MAJOR INSTRUCTIONAL UNITS**

1. Theory and Operation of Heating Equipment
- 2.
- 3.

**C. INSTRUCTIONAL OBJECTIVES**

**Unit #1 Theory and Operation of Heating Equipment**

The student will:

1. Describe how to maintain comfort conditions
2. Describe how heat is delivered
3. Describe continuous and intermittent heat
4. Describe combustion chemistry, carbon, oxygen, hydrogen, and sulfur
5. Describe proper venting of flue gas
6. Describe how to measure combustion levels
7. Describe heating fuels
8. Describe hydronic heating components
9. Describe advanced forced air heating
  - counterflow
  - upflow
  - downflow
  
10. Describe how forced air works and its controls
11. Describe how hydronic heating works
12. Describe how to set up and oil burner
13. Describe how to clean and oil burner
14. Describe properties of oil
15. Describe safety with oil
16. Describe power burners
  - how to trouble shoot
  - gas tranes and block and bleed
  - proportional burners and warp plate adjusting
  - combustion analyzing
  - safety
  - burner controls
  - flame rectification
  - flame safegard
  
17. Describe electric heating coils
  - airflow requirements
  - sizing heating elements
  - electrical heating safety

**D. INSTRUCTIONAL METHODS, EVALUATION CRITERIA, AND ASSESSMENT**

**1. Instructional Methods:**

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

**2. Evaluation Criteria:**

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

**3. Assessment of Student Achievement:**

<input type="checkbox"/> Departmental Exam _____	<input type="checkbox"/> Pre-test/Post-test _____
<input type="checkbox"/> Follow-on Tracking _____	<input type="checkbox"/> Simulations _____
<input type="checkbox"/> Standardized Test _____	<input type="checkbox"/> Comprehensive Project _____
<input type="checkbox"/> Portfolio Assessment _____	<input type="checkbox"/> Other _____

**F. EQUIPMENT, FACILITIES, TEXTS, MATERIALS, AND SUPPLIES**

**1. Special Equipment/Facilities :**

<input checked="" type="checkbox"/> Lab equipment _____	<input type="checkbox"/> ITV Classroom _____
<input checked="" type="checkbox"/> Computer Lab _____	<input type="checkbox"/> Off-Campus Sites _____
<input checked="" type="checkbox"/> CD ROM's _____	<input type="checkbox"/> Testing Center _____
<input checked="" type="checkbox"/> Data Projector/Screen _____	<input checked="" type="checkbox"/> Other Supplied by Local 190 _____
<input checked="" type="checkbox"/> VCR _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> TV Monitor _____	<input type="checkbox"/> Other _____

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**2. Texts:**

Title: UA materials supplied by local 190  
Author: United Association 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
_____	_____
_____	_____
_____	_____