

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

APP 242

**SECTION I. SUBMISSION INFORMATION**

**1. Course:**  
**Discipline/No:** APP 242      **Title:** Hydronic and Steam Heating      **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. Remarks:** \_\_\_\_\_ 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      Signature Scott Klapper      Date: 10-15-02  
Faculty/Preparer

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

**2. Division Review**

Is this a curricular priority for your division?  yes       no (Comment \_\_\_\_\_)

What is the estimated enrollment? \_\_\_\_\_

Recommendation  Yes       No      \_\_\_\_\_  
Dean's Signature      Date: 10/16/02

**3. Curriculum Committee Review**

Recommendation  Yes       No      \_\_\_\_\_  
Curriculum Committee Chair's Signature      Date: 3.20.03

**4. Vice President for Instruction and Student Services Approval**

Approval  Yes       No      \_\_\_\_\_  
Executive Vice President's Signature      Date: 3/26/03

ACS Code \_\_\_\_\_ Entered in Banner 1472 Entered in Access 1472 Log File 237  
Approved for General Education Area/Group \_\_\_\_\_ Syllabus Date 200301

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**SECTION III. COURSE SYLLABUS**

**A. COURSE DETAILS**

**Discipline & No.:** APP 242      **Title:** Hydronic and Steam Heating

**1. Description:**

As a result of this class the student gain the knowledge to be able to understand pressure and heat relationships. As a result of this class the student will gain the knowledge of hydronic heating components. *aru* As a result of this class the student will gain the knowledge of steam heating components.

<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 "(*)"	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 <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Accepted for transfer:</b> <input type="checkbox"/> EMU _____ <input type="checkbox"/> UM _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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<b>9. Terms Course will be offered:</b>						
Terms	Session Length (c.g. 15 weeks, 1 <sup>st</sup> 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. Hydronic and Steam Heating

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**C. INSTRUCTIONAL OBJECTIVES**

**Unit #1 Hydronic and Steam**

The student will:

1. Describe pressure and heat relationships
2. Describe hydronic heating components- pumps, zone valves, proper piping, water balancing, control valves, expansion tanks, pressure reducing valves, triple duty valves, relief valves, chemical treatment
3. Describe steam heating components- steam generators and boilers, steam boiler controls, steam piping, steam traps, condensate piping, condensate receivers, the importance of blowing down, steam controls valves, steam heat exchangers, vacuum breaker, vacuum condensate return systems, steam safety, Hartford loops, high and low pressure steam systems, steam pressure reducing station, shot feeders, piping supports, expansion compensation, temperature sensing, coil piping, air venting, static loop pressures, air separators, and heat transfer fluids

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**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
_____	_____
_____	_____
_____	_____