Request for Graduate Course Change

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: CITE	Dept/Division: Applied Sci& Tech	Current Alpha Designator/Number	- 5-1610
Contact Person: Jian Liu		Phone:	304-696-3067
CURRENT COURSE DATA:			
Course Title: Philosophica	al and Psychological Concepts of Oc	ccupational Safety and Health	
Alpha Designator/Number:	S F T 6 1 0		
Title Abbreviation: P H	IL&PSYCH CO	NCEPTS	

- 1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
- 2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
- 3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
- 4. List courses, if any, that will be deleted because of this change (must submit course deletion form).
- 5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

// ()/		
Dept. Chair/Division Head	Date 9-17-18	
Registrar Dryk #C	Date 9-14-18	
College Curriculum Chair	Date	
Graduate Council Chair	Date	

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		•	
College:		Department/Division:	Alpha Designator/Number:
Provide com	plete information reg	arding the course change for	each topic listed below.
Change in CA	TALOG TITLE: YES	□ NO	
From			(limited to 30 characters and spaces)
То			
If Yes, Rationa	ale		
Change in CO	URSE ALPHA DESIGNATO	R:	
From:	To :	☐ YES ☐ NO	
If Yes, Rationa	ale		
Change in CO	URSE NUMBER:	YES NO	
From:	То:		
If Yes, Rationa	ale		
_	URSE GRADING de To ☐ Credit/No Cr	edit	
Rationale	ac 10 🗀 cicaigito ci		
Change in CA	TALOG DESCRIPTION:	YES NO	IF YES, fill in below:
From			
То			
If Yes Rationale			

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Change in COURSE CREDIT HOURS: YES NO If YES, fill in below:
NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.
From
То
Change in COURSE CONTENT: YES NO
From
To
Rationale

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College:	Department:	
Course Number/Title		
	s course is required by another department(s), identify it/them by name and attach the written m announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not	
2. COURSE DELETION: List a	ny courses that will be deleted because of this change. A <i>Course Deletion</i> form is also required. Enter	
NOT APPLICABLE if not app		
of this change, attach an es	REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result timate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not implyources. Enter NOT APPLICABLE if not applicable.	

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Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

COURSE TITLE CHANGE

Department:

COURSE NUMBER CHANGE

Department:

COURSE DESCRIPTION CHANGE

Department:

Course Number and Title: Current Course Number/Title: Current Course Number/Title: New Course Number: New Course Title: Rationale: Course Description (old) Rationale: Rationale: Course Description: (new) **Catalog Description: Catalog Description: Catalog Description:** Credit hours:

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