Chair: Tracy Christofero

GC#7: Course Change

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: COHP	Dept/Division; CD	Current Alpi	ma Designator/Number. Gr 140-1015	
Contact Person: Loukia Dixon			Phone: 696-2980	
¥°	A 1			- 18
CURRENT COURSE DATA:				
Course Title: Acquired Aphas	sia	^		
			9	
Alpha Designator/Number:	C D 6 2 5			
0.1	97.18			
Title Abbreviation: A c q	u i r e d	A p h a s i a		
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- 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 Karen Mchealy	Date 1/18/19
Registrar Dyl C	Date 1/18/19
College Curriculum Chair	Date
Graduate Council Chair	Date

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coegc.	COHP	Department/Division: CD	Alpha Designator/Number: GH40-MS
Provide	complete information reg	arding the course change for each topic listed b	pelow.
Change in	n CATALOG TITLE: YES	⊠ NO	
From			(limited to 30 characters and spaces)
To [
If Yes, Ra	tionale		
		£1	
Change in	1 COURSE ALPHA DESIGNATO	D.	
		Ni _	
From:	To To	☐ YES 区 NO	
If Yes, Rat	tionale n/a		
Change in	COURSE NUMBER:	YES NO	
From:	To:		
If Yes, Rat	tionale n/a	× * * * * * * * * * * * * * * * * * * *	
Change in	n COURSE GRADING		THE TOTAL PROPERTY OF THE PROP
From	Grade To Credit/No Cre	edit	
Rationale	n/a		
Change in	CATALOG DESCRIPTION:		v:
From Ad	dvanced study of the acquired	l aphasia; critical analysis of research literature. (PR: Pe	ermission of instructor)
To Ad	vanced study of the acquired erature. (PR: Permission of inst	aphasias and commonly co-occurring motor speech ructor)	disorders; critical analysis of research
If Yes Rationale	The CD 625 - Acquired Apha disorders. But, the current of modified to include this	asia course addresses the acquired aphasias and com ourse description did not include a reference to moto	monly co-occurring motor speech or speech disorders. As a result, it was

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in COURSE CONTENT: YES NO	m	n/a	- 90 - 1	.,	ž.			8				
in COURSE CONTENT: □ YES ☑ NO n/a	-	*		*			đi .			5		
in COURSE CONTENT: YES NO		181 go	-	ν,	+1		ř.			0		
in COURSE CONTENT: YES NO		n/a	-				11	-		ř	-	
n/a n/a			17							W		
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n/a	nge	e in COURSE CONTENT:	☐ YES ▷	◯ NO				ar.		-		3
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College:	200		2	-	((1		5ax
Course Number/Title	X 21		3	6	11		× 8
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. REQUIRED COURSE: notification you sent to pplicable.	If this course is re them announcin	equired by anothing to them	ner department proposed chang	t(s), identify it/the ge and any respor	em by name and nse received. Ent	attach the wri	tten CABLE if not
n/a							
		, v					
(e) =					-		
. COURSE DELETION: L	ist any courses the applicable.	nat will be delete	ed because of t	his change. A Co	urse Deletion for	n is also requir	ed. Enter
n/a							
ADDITIONAL PESCUS							
this change, attach a oproval for additional	n estimate of the	time and cost e	etc. required to	secure these item	ty, equipment, o is. (NOTE: approv	r specialized m val of this form	aterials as a re does not imp
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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 DESCRIPTION CHANGE

COURSE NUMBER CHANGE

COURSE TITLE CHANGE

Department:

Department:

Department:

Course Number and Title:

Current Course Number/Title:

Current Course Number/Title:

Rationale:

New Course Number:

New Course Title:

Course Description (old) Course Description: (new) Rationale:

Rationale:

Catalog Description:

Catalog Description:

Credit hours:

Catalog Description:

COURSE (Catalog) DESCRIPTION CHANGE Department: Communication Disorders

Course Number and Title: CD 625, Acquired Aphasia

Rationale: The CD 625 - Acquired Aphasia course addresses the acquired aphasias and commonly co-occurring motor speech disorders. But, the current course description did not include a reference to motor speech disorders. As a result, it was modified to include this information.

Course Catalog Description: (old) Advanced study of the acquired aphasia; critical analysis of research literature. (PR: Permission of instructor)

Course Catalog Description: (new) Advanced study of the acquired aphasias and commonly co-occurring motor speech disorders; critical analysis of research literature. (PR: Permission of instructor)