

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: SOK-PMSAT Current Alpha Designator/Number: HS 634

Contact Person: Zach Garrett, DHSc, ATC Phone: 304-696-2924

CURRENT COURSE DATA:

Course Title: Athletic Training Externship

Alpha Designator/Number:




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Title Abbreviation:

A	T		E	x	t	e	r	n	s	h	i	p							
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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 <u></u>	Date <u>8/24/18</u>
Registrar <u></u>	Date <u>8/23/18</u>
College Curriculum Chair <u></u>	Date <u>8/30/18</u>
Graduate Council Chair _____	Date _____

Request for Graduate Course Change - Page 2

College: COHP

Department/Division: Athletic Training

Alpha Designator/Number: HS 634

Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE: YES NO

From (limited to 30 characters and spaces)

To

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From: To YES NO

If Yes, Rationale

Change in COURSE NUMBER: YES NO

From: To:

If Yes, Rationale

Change in COURSE GRADING

From Grade To Credit/No Credit

Rationale

Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:

From Approved externship supervised by a clinical preceptor. Requires 225 clinical hours, of which 25 must be in a general medical setting. (PR HS 645, program permission)

To Approved externship supervised by a clinical preceptor. Requires students to complete a minimum of 225 clinical hours that includes an immersion experience. (PR HS 655, program permission)

If Yes Rationale The 25 clinical hours required in a general medical setting was moved to HS 655 to better align with course content being taught during the semester. Prerequisite change is due to course sequencing.

Request for Graduate Course Change - Page 3

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

To

Change in COURSE CONTENT: YES NO

From

To

Rationale

Request for Graduate Course Change-Page 4

College: COHP _____

Department: Athletic Training _____

Course Number/Title HS 634 Athletic Training Externship _____

1. REQUIRED COURSE: If this course is required by another department(s), identify it/them by name and attach the written notification you sent to them announcing to them the proposed change and any response received. Enter NOT APPLICABLE if not applicable.

NA

2. COURSE DELETION: List any courses that will be deleted because of this change. A *Course Deletion* form is also required. Enter NOT APPLICABLE if not applicable.

NA

3. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials as a result of this change, attach an estimate of the time and cost etc. required to secure these items. (NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.)

NA

Request for Graduate Course Change - Page 5

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

Department:
Course Number and Title:
Rationale:
Course Description (old)
Course Description: (new)
Catalog Description:

COURSE NUMBER CHANGE

Department:
Current Course Number/Title:
New Course Number:
Rationale:
Catalog Description:
Credit hours:

COURSE TITLE CHANGE

Department:
Current Course Number/Title:
New Course Title:
Rationale:
Catalog Description:

<p>COURSE DESCRIPTION CHANGE Department: Course Number and Title: HS 634 Athletic Training Externship Rationale: The 25 clinical hours required in a general medical setting was moved to HS 655 to better align with course content being taught during the semester. Prerequisite change is due to course sequencing. Course Description (old): Approved externship supervised by a clinical preceptor. Requires 225 clinical hours, of which 25 must be in a general medical setting. (PR HS 645, program permission) Course Description (new): Approved externship supervised by a clinical preceptor. Requires students to complete a minimum of 225 clinical hours that includes an immersion experience. (PR HS 655, program permission) Catalog Description: Approved externship supervised by a clinical preceptor. Requires students to complete a minimum of 225 clinical hours that includes an immersion experience. (PR HS 655, program permission)</p>
