Chair: Tracy Christofero

GC#7: Course Change

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## **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:Public Health (MPH)	Current Alpha Designator/Numb	per: PH 694
Contact Person: Paul Kadetz			e: 304-696-5772
CURRENT COURSE DATA:			
Course Title: Practicum			
Alpha Designator/Number:	P H 6 9 4		
Title Abbreviation: P r a	c t i c u m		
2. If this change will affect othe this packet, as well as the responsal of the changes made to this counter the affected department and in 4. List courses, if any, that will be solved to the faculty requirements and needs.	ourse will make the course similar in to clude it with this packet as well as the perfect depends of this change.	e, please send a memo to the aftment. itle or content to another departeresponse received from the affect submit course deletion form). upon approval of this proposal,	fected department and include it with the tment's courses, please send a memo to ected department.  attach a written estimate of additional
Dept. Chair/Division Head	Sary En	1/25/1964	Date 3 (10 (17-
Registrar Strya D	Co 0	1/29/18 88	Date 372-17
College Curriculum Chair	illight -	1/26/18 38	Date 3/16/17
raduate Council Chair			Date

Form updated 10/2011

### Request for Graduate Course Change - Page 2

College: COHP	Department/Division: Public Health (MPH)	Alpha Designator/Number: PH 694
Provide complete information reg	garding the course change for each topic listed	below.
Change in CATALOG TITLE: YES	⊠ NO	
From		(limited to 30 characters and spaces)
То		
If Yes, Rationale		
Change in COURSE ALPHA DESIGNATO	PR:	
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 Cr	edit	
Rationale Not Applicable		
Change in CATALOG DESCRIPTION:	XES NO IF YES, fill in belo	ow:
proposed project and	ce conducted under guidance of a faculty advisor an g a community partner. (PR: PH 611, 621, 641, 686, a	
proposed project and	e conducted under guidance of a faculty advisor and ga community partner. (PR: PH 611, 621, 641, 686,	d site preceptor, including a specific set of
If Yes Rationale This change to 3 credit hours spent completing the	irs more accurately reflects the amount of work expe e practicum.	ected for the practicum proposal and the
Form updated 10/2011		Page 2 of 5

# Request for Graduate Course Change - Page 3 Change in COURSE CREDIT HOURS: X YES NO If YES, fill in below: NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements. From 1-3 Credit Hours 3 Credit Hours. This change to 3 credit hours more accurately reflects the amount of work expected for the practicum To proposal and the hours spent completing the practicum. Change in COURSE CONTENT: ✓ YES ☐ NO From The Syllabus for PH 694 states in the Student learning Outcomes: "Upon completion of the course, students will: 1. Complete a minimum of 160 hours of practical experience in which they demonstrate CEPH / ASPPH MPH competencies." "Upon completion of the course, students will: To 1. Complete a minimum of 120 hours of practical experience in which they demonstrate CEPH / ASPPH MPH competencies." Rationale A minimum of 120 hours for the practicum is in alignment with other MPH programs and is a more feasible amount of practicum hours to complete within 1 semester, than the current 160 hours. Form updated 10/2011

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## Request for Graduate Course Change-Page 4

College: Health Professions	Department: Public Health (MPH)
Course Number/Title PH 694/Practicum	
REQUIRED COURSE: If this course is required by and notification you sent to them announcing to them the applicable.  Not Applicable	other department(s), identify it/them by name and attach the written e proposed change and any response received. Enter NOT APPLICABLE if not
COURSE DELETION: List any courses that will be dele IOT APPLICABLE if not applicable. Not Applicable	eted because of this change. A Course Deletion form is also required. Enter
ADDITIONAL RESOURCE REQUIREMENTS: If your departing this change, attach an estimate of the time and cost opposed for additional resources. Enter NOT APPLICABLE (lot Applicable)	artment requires additional faculty, equipment, or specialized materials as a res etc. required to secure these items. (NOTE: approval of this form does not imply LE if not applicable.

## 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:

#### COURSE DESCRIPTION CHANGE

Department: Public Health

Course Number and Title: PH 694 Practicum

Rationale: for Change in practicum hours

A minimum of 120 hours for the practicum is in alignment with other MPH programs and is a more feasible amount of practicum hours to complete within 1 semester, than the current 160 hours. Rationale: for Change in credit hours

This change to 3 credit hours more accurately reflects the amount of work expected for the practicum proposal and the hours

Course Description (old) 1-3 credit hours and in syllabus: "Upon completion of the course, students will:

1. Complete a minimum of 160 hours of practical experience in which they demonstrate CEPH / ASPPH MPH competencies."

Description: (new) 3 credit hours and in syllabus: "Upon completion of the course, students will:

1. Complete a minimum of 160 hours of practical experience in which they demonstrate CEPH / ASPPH MPH competencies." Catalog Description: 694 Practicum. 3 hrs.

Applied public health experience conducted under guidance of a faculty advisor and site preceptor, including a specific set of proposed project and learning objectives, and utilizing a community partner. (PR: PH 611, 621, 641, 686, and 693)