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/Number: PH 695

Contact Person: Paul Kadetz   Phone: 304-696-5772

CURRENT COURSE DATA:

Course Title: Research
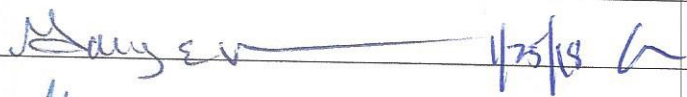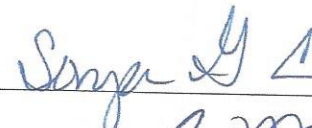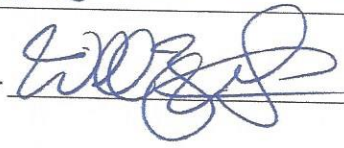
Alpha Designator/Number: | P | H | | 6 | 9 | 5 | | |

Title Abbreviation: | R | e | s | e | a | r | c | h | | | | | | | | | | | | | | | | | |

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 _____ 1/25/18   Date 3/10/17

Registrar _____ 1/29/18   Date 3-73-17

College Curriculum Chair _____ 1/26/18   Date 8/16/17

Graduate Council Chair _____   Date _____

Form updated 10/2011

College: COHP   Department/Division: Public Health (MPH)   Alpha Designator/Number: PH 695

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   Not Applicable

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

From

To

If Yes Rationale

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 | 1-3 Credit Hours

To | 3 Credit Hours. This change to 3 credit hours more accurately reflects the amount of work expected for the research proposal and the hours spent completing the research project.

Change in COURSE CONTENT: ☐ YES ☒ NO

From |

To |

Rationale |

College: Health Professions

Department: Public Health (MPH)

Course Number/Title PH 695/Research

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.

Not Applicable

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.

Not Applicable

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.

Not Applicable

Form updated 10/2011

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:

Not Applicable. This is a change is credit hours from a range of 1-3 credit hours to 3 credit hours.