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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number: BMS 601
Contact Person: Todd G	reen, PhD	Phone: 6-3531
CURRENT COURSE DAT	TA:	
Course Title: Introduction	on to Nucleic Acids and Proteins - MS	
Alpha Designator/Numb	ber: B M S 6 0 1	
Title Abbreviation:	NTRODNA, RN	A & PROTEINS
course title, alpha design 2. If this change will affect this packet, as well as the 3. If the changes made to the affected department 4. List courses, if any, that	nator, course number, course content, cred ct other departments that require this cou- e response received from the affected dep to this course will make the course similar in and include it with this packet as well as the at will be deleted because of this change (no	rse, please send a memo to the affected department and include it with artment. In title or content to another department's courses, please send a memo to he response received from the affected department.
Signatures: if disapprove	ed at any level, do not sign. Return to prev	vious signer with recommendation attached.

Dept. Chair/Division Head	Date 12/11/17
Registrar Sorgia SC 269999	Date 12/20/17
College Curriculum Chair Todd Z. The	Date 12/4/7
Graduate Council Chair A Caristo fees	Date 2-22-18

College: Medicine	Department/Division: Biomedical Research Alpha Designator/Number: BMS 601
Provide complete information reg	arding the course change for each topic listed below.
Change in CATALOG TITLE: YES	⊠ NO
From	<del></del>
rioiii	(limited to 30 characters and spaces)
То	<u></u>
If Yes, Rationale	
Change in COURSE ALOUA DESIGNATION	
Change in COURSE ALPHA DESIGNATO	N.
From: BMS To BMR	⊠ YES □ NO
If Yes, Rationale The MS program nam	ne has been changed from BMS (Biomedical Sciences) to BMR (Biomedical Research).
Change in COURSE NUMBER:	VEC IVI NO
	YES NO
From: To:	
If Yes, Rationale	
Change in COLURE CRADING	
Change in COURSE GRADING  From ☐ Grade To ☐ Credit/No Cre	edit
Rationale	
Change in CATALOG DESCRIPTION:	YES NO IF YES, fill in below:
From	
То	
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
To .
Change in COURSE CONTENT: YES X NO
From Strom S
To
Rationale

Form updated 10/2011

Page 3 of 5

College: Medicine	Department:	Biomedical Research
Course Number/Title BMS 601/Introduction	to Nucleic Acids and Proteins	
REQUIRED COURSE: If this course is requestification you sent to them announcing applicable.	uired by another department(s), ident to them the proposed change and an	tify it/them by name and attach the written by response received. Enter NOT APPLICABLE if not
NOT APPLICABLE		
2. COURSE DELETION: List any courses tha NOT APPLICABLE if not applicable.	t will be deleted because of this chang	ge. A Course Deletion form is also required. Enter
NOT APPLICABLE		
	ime and cost etc. required to secure th	nal faculty, equipment, or specialized materials as a result nese items. (NOTE: approval of this form does not imply
NOT APPLICABLE		

Form updated 10/2011 Page 4 of 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

**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:** 

**Catalog Description**;

Credit hours:

#### COURSE ALPHA DESIGNATOR CHANGE

**Department: Biomedical Research** 

Current Course Number/Title: BMS 601/Introduction to Nucleic Acids and Proteins - MS

New Course Number: BMR 601

Rationale: The name of the MS program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR). Catalog Description: A molecular and cell biological study of the structure and function of nucleic acids and proteins.

Credit Hours: 3

Form updated 10/2011 Page 5 of 5

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number: BM:	S 601
Contact Person: Todd Green,	PhD	Phone: 6-35	31
CURRENT COURSE DATA:			
Course Title: Introduction to	Nucleic Acids and Proteins - PhD		
Alpha Designator/Number:	B M S 6 0 1		
Title Abbreviation:	RODNA, RN	A & PROTEI	N S
course title, alpha designator,	course number, course content, cred	e departments/committees below for outputs of the departments of catalog description.	

- 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 12/1/17
Registrar 24999	Date 10/20/7
College Curriculum Chair Jodd L. Jue	Date 12/6/17
Graduate Council Chair Christofero	Date 2-ZZ-18

College: Medicine	Department/Division: Biomedical Research Alpha Designator/Number: BMS 601
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	DR:
From: B M S To B M R	
If Yes, Rationale The PhD program n	ame has been changed from BMS (Biomedical Sciences) to BMR (Biomedical Research).
Change in COURSE NUMBER:	YES NO
From: To:	
If Yes, Rationale	
Change in COLIDER CRADING	
Change in COURSE GRADING  From ☐ Grade To ☐ Credit/No Ci	redit
Rationale	
Change in CATALOG DESCRIPTION:	☐ YES 区 NO IF YES, fill in below:
From	
To .	
То	
If Yes Rationale	

Form updated 10/2011

Page 2 of 5

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	
Charge in COURSE CONTENT.	
Change in COURSE CONTENT: YES NO	
From	
то	
Rationale	

College: Medicine	Department: Biomedical Research
Course Number/Title BMS 601/Introduction t	to Nucleic Acids and Proteins
REQUIRED COURSE: If this course is requinotification you sent to them announcing tapplicable.	ired by another department(s), identify it/them by name and attach the written to them the proposed change and any response received. Enter NOT APPLICABLE if not
NOT APPLICABLE	
2. COURSE DELETION: List any courses that NOT APPLICABLE if not applicable.	will be deleted because of this change. A Course Deletion form is also required. Enter
NOT APPLICABLE	
3. ADDITIONAL RESOURCE REQUIREMENTS: of this change, attach an estimate of the tin approval for additional resources. Enter NO	: If your department requires additional faculty, equipment, or specialized materials as a resul ne and cost etc. required to secure these items. (NOTE: approval of this form does not imply OT APPLICABLE if not applicable.
NOT APPLICABLE	

Form updated 10/2011 Page 4 of 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** 

**COURSE NUMBER CHANGE** 

**COURSE TITLE CHANGE** 

Department:

Department:

**Department:** 

**Course Number and Title:** 

<u>Current Course Number/Title:</u>

**Current Course Number/Title:** 

Rationale:

New Course Number:

New Course Title:

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

Rationale:

Catalog Description:

**Catalog Description:** 

**Catalog Description:** 

Credit hours:

#### COURSE ALPHA DESIGNATOR CHANGE

Department: Biomedical Research

Current Course Number/Title: BMS 601/Introduction to Nucleic Acids and Proteins - PhD

New Course Number: BMR 601

Rationale: The name of the PhD program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR).

Catalog Description: A molecular and cell biological study of the structure and function of nucleic acids and proteins.

Credit Hours: 3

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: Medicine Dept/Division: Biomedical Research Current Alpha Designa	tor/Number: BMS 602
Contact Person: Todd Green, PhD	Phone: 6-3531
CURRENT COURSE DATA:	
Course Title: Introduction to Cell Structure and Metabolism - MS	
Alpha Designator/Number: B M S 6 0 2	
Title Abbreviation: I N T R O C E L L S & M E T A B	O L I S M
<ol> <li>Complete this five page form in its entirety and route through the departments/commit course title, alpha designator, course number, course content, credit hours, or catalog des</li> <li>If this change will affect other departments that require this course, please send a mem this packet, as well as the response received from the affected department.</li> <li>If the changes made to this course will make the course similar in title or content to ano the affected department and include it with this packet as well as the response received fr</li> <li>List courses, if any, that will be deleted because of this change (must submit course deletion).</li> <li>If the faculty requirements and/or equipment need to be changed upon approval of this needs.</li> </ol>	cription. To to the affected department and include it with other department's courses, please send a memo to from the affected department.  To form).

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

Dept. Chair/Division Head	Date 12/11/17
Registrar Sonja Maria 269999	Date 12/20 /17
College Curriculum Chair Jodd Z. Jule	Date 12/4/7
Graduate Council Chair Kresto Jest	Date 2-22-18

College: Medicine	Department/Division: Biomedical Research	Alpha Designator/Number: BMS 602		
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)		
То				
If Yes, Rationale				
Change in COURSE ALPHA DESIGNATO	R:			
From: B M S To B M R				
If Yes, Rationale The MS program nar	ne has been changed from BMS (Biomedical Science	s) to BMR (Biomedical Research).		
Change in COURSE NUMBER:	YES 🗵 NO			
From: To:				
If Yes, Rationale	·			
Change in COURSE GRADING				
From Grade To Credit/No Cre	edit			
Rationale				
Change in CATALOG DESCRIPTION:	YES NO IF YES, fill in belo	w:		
From				
То				
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 requiremen	ts.
From	
То	
Change in COURSE CONTENT: YES X NO	
From	
То	
Rationale	

College: Medicine	Department: Biomedical Research
Course Number/Title BMS 602/Introduct	tion to Cell Structure and Metabolism
	required by another department(s), identify it/them by name and attach the written cing to them the proposed change and any response received. Enter NOT APPLICABLE if not
NOT APPLICABLE	
2. COURSE DELETION: List any courses NOT APPLICABLE if not applicable.	that will be deleted because of this change. A Course Deletion form is also required. Enter
NOT APPLICABLE	
	ENTS: If your department requires additional faculty, equipment, or specialized materials as a resul he time and cost etc. required to secure these items. (NOTE: approval of this form does not imply er NOT APPLICABLE if not applicable.
NOT APPLICABLE	

Form updated 10/2011 Page 4 of 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

**COURSE NUMBER CHANGE** 

**COURSE TITLE CHANGE** 

Department:

Course Number and Title:

**Department:** 

Department:

Rationale:

**Current Course Number/Title: New Course Number:** 

**Current Course Number/Title:** 

Rationale:

**New Course Title:** 

Course Description (old) Course Description: (new)

Rationale:

**Catalog Description:** 

**Catalog Description:** 

**Catalog Description: Credit hours:** 

COURSE ALPHA DESIGNATOR CHANGE

Department: Biomedical Research

Current Course Number/Title: BMS 602/Introduction to Cell Structure and Metabolism - MS

New Course Number: BMR 602

Rationale: The name of the MS program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR).

Catalog Description: A molecular and cell biological study of the structure of cells and of cellular metabolism.

Credit Hours: 3

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number: Bi	MS 602
Contact Person: Todd Green,	PhD	Phone: 6-:	3531
CURRENT COURSE DATA:			
Course Title: Introduction to	Cell Structure and Metabolism - PhD		
Alpha Designator/Number:	B M S 6 0 2		
Title Abbreviation:	ROCELLS &	M E T A B O L I S	М

- 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

Graduate Council Chair

College Curriculum Chair

Date 12/1/17

Date 12/20/17

Date 12/6/17

Date 2-22-18

College: Medicine Department/Division: Biomedical Research Alpha Designator/Number: BMS 602					
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)					
то					
If Yes, Rationale					
Change in COURSE ALPHA DESIGNATOR:					
From: B M S To B M R NO					
If Yes, Rationale The PhD program name has been changed from BMS (Biomedical Sciences) to BMR (Biomedical Research).					
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					
То					
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	
То	
Change in COURSE CONTENT: YES X NO	
From State of the	
To To	
Rationale	

College: Medicine	Department: Biomedical Research
Course Number/Title BMS 602/Introduction to Cell Structure and Me	etabolism
1. REQUIRED COURSE: If this course is required by another departr notification you sent to them announcing to them the proposed capplicable.	
NOT APPLICABLE	
2. COURSE DELETION: List any courses that will be deleted because NOT APPLICABLE if not applicable.	e of this change. A Course Deletion form is also required. Enter
NOT APPLICABLE	
3. ADDITIONAL RESOURCE REQUIREMENTS: If your department recof this change, attach an estimate of the time and cost etc. require approval for additional resources. Enter NOT APPLICABLE if not ap	quires additional faculty, equipment, or specialized materials as a result d to secure these items. (NOTE: approval of this form does not imply plicable.
NOT APPLICABLE	

Form updated 10/2011 Page 4 of 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** 

**COURSE NUMBER CHANGE** 

**COURSE TITLE CHANGE** 

**Department:** 

**Course Number and Title:** 

Department:

**Department:** 

Rationale:

**Current Course Number/Title:** 

**Current Course Number/Title:** 

New Course Number:

New Course Title:

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

Rationale:

**Catalog Description:** 

**Catalog Description:** 

Credit hours:

**Catalog Description:** 

#### **COURSE ALPHA DESIGNATOR CHANGE**

**Department: Biomedical Research** 

Current Course Number/Title: BMS 602/Introduction to Cell Structure and Metabolism - PhD

New Course Number: BMR 602

Rationale: The name of the PhD program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR).

Catalog Description: A molecular and cell biological study of the structure of cells and of cellular metabolism.

Credit Hours: 3

- 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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number:	BMS 603
Contact Person: Todd Green,	PhD	Phone:	6-3531
CURRENT COURSE DATA:			
Course Title: Regulation of C	Cell Function - MS		
Alpha Designator/Number:	B M S 6 0 3		
Title Abbreviation: R E G	i U L A T I O N C E	L   L   F   U   N   C   T   I	0   N
<ol> <li>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.</li> <li>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.</li> <li>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.</li> <li>List courses, if any, that will be deleted because of this change (must submit course deletion form).</li> <li>If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.</li> </ol>			
Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.			
Dept. Chair/Division Head			Date 12/11/17

Graduate Council Chair

College Curriculum Chair

College: Medicine	Department/Division: Biomedical Research	Alpha Designator/Number:BMS 603			
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)			
То					
If Yes, Rationale					
ii res, nationale					
Change in COURSE ALPHA DESIGNATO	R:				
From: B M S To B M R	⊠ YES □ NO				
If Yes, Rationale The MS program na	me has been changed from BMS (Biomedical Science	s) to BMR (Biomedical Research).			
Change in COURSE NUMBER:	YES NO				
From: To:					
If Yes, Rationale					
Cl. : COURSE CRADING					
Change in COURSE GRADING  From ☐ Grade To ☐ Credit/No Cr	redit				
Rationale					
Rationale					
Change in CATALOG DESCRIPTION:	YES NO IF YES, fill in belo	w:			
From					
То					
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 .
То
Change in COURSE CONTENT: YES X NO
From
То
Rationale

Page 3 of 5

College: Medicine	Department:	Biomedical Research
Course Number/Title BMS 603/Regulation of Cell Fund	ction	
REQUIRED COURSE: If this course is required by a notification you sent to them announcing to them t applicable.		
NOT APPLICABLE		
2. COURSE DELETION: List any courses that will be d NOT APPLICABLE if not applicable.	leleted because of this chang	ge. A Course Deletion form is also required. Enter
NOT APPLICABLE	· · · · · · · · · · · · · · · · · · ·	
3. ADDITIONAL RESOURCE REQUIREMENTS: If your of this change, attach an estimate of the time and coapproval for additional resources. Enter NOT APPLIC	ost etc. required to secure th	nal faculty, equipment, or specialized materials as a resulnese items. (NOTE: approval of this form does not imply
NOT APPLICABLE	······································	

Form updated 10/2011 Page 4 of 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:

<u>Course Description (old)</u> <u>Course Description: (new)</u>

Catalog Description:

**COURSE NUMBER CHANGE** 

Department:

<u>Current Course Number/Title:</u>

New Course Number:

Rationale:

Catalog Description:

Credit hours:

**COURSE TITLE CHANGE** 

Department:

**Current Course Number/Title:** 

New Course Title:

Rationale:

Catalog Description:

**COURSE ALPHA DESIGNATOR CHANGE** 

Department: Biomedical Research

Current Course Number/Title: BMS 603/Regulation of Cell Function - MS

New Course Number: BMR 603

Rationale: The name of the MS program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR). Catalog Description: An advanced molecular and cell biological study of cell metabolism and the regulation of cell function.

Credit Hours: 2

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number: BM	S 603
Contact Person: Todd Gre	een, PhD	Phone: 6-3	531
CURRENT COURSE DATA	A:		
Course Title: Regulation	of Cell Function - PhD		
Alpha Designator/Numbe	er: B M S 6 0 3		
Title Abbreviation: R E	G U L A T I O N C E	LLFUNCTIO	N

- 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

Graduate Council Chair (1 Christo fix

Date 12/11/17

Date 12/20/17

Date 126/17

Date 2-22-18

College Curriculum Chair

College: Medicine Departme	:: Medicine Department/Division: Biomedical Research	
Provide complete information regarding the	course change for each topic listed l	below.
Change in CATALOG TITLE: YES NO		
From		(limited to 30 characters and spaces)
то		
If Yes, Rationale		
Change in COURSE ALPHA DESIGNATOR:		
From: B M S To B M R X YES	□ NO	
If Yes, Rationale The PhD program name has been	en changed from BMS (Biomedical Scienc	res) to BMR (Biomedical Research).
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 belo	
Change in CATALOG DESCRIPTION:	YES NO IF YES, fill in belo	w.
From		
То		
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	
То	
Change in COURSE CONTENT: YES NO	
From	
То	
Rationale	

College: Medicine	Department: Biomedical Research
Course Number/Title BMS 603/Regulation o	of Cell Function
	uired by another department(s), identify it/them by name and attach the written to them the proposed change and any response received. Enter NOT APPLICABLE if not
NOT APPLICABLE	
2. COURSE DELETION: List any courses tha NOT APPLICABLE if not applicable.	at will be deleted because of this change. A Course Deletion form is also required. Enter
NOT APPLICABLE	
	S: If your department requires additional faculty, equipment, or specialized materials as a resu ime and cost etc. required to secure these items. (NOTE: approval of this form does not imply OT APPLICABLE if not applicable.
NOT APPLICABLE	

Form updated 10/2011 Page 4 of 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** 

**COURSE NUMBER CHANGE** 

**COURSE TITLE CHANGE** 

**Department:** 

**Course Number and Title:** 

Department:

Department:

Current Course Number/Title: New Course Number:

**<u>Current Course Number/Title:</u>** 

Rationale:

Rationale:

New Course Title:

**Course Description (old) Course Description: (new)** 

Rationale:

**Catalog Description:** 

**Catalog Description:** 

**Catalog Description:** 

**Credit hours:** 

**COURSE ALPHA DESIGNATOR CHANGE** 

Department: Biomedical Research

Current Course Number/Title: BMS 603/Regulation of Cell Function - PhD

New Course Number: BMR 603

Rationale: The name of the PhD program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR). Catalog Description: An advanced molecular and cell biological study of cell metabolism and the regulation of cell function. Credit Hours: 2

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number	BMS 604
Contact Person: Todd Green	, PhD	Phone:	6-3531
CURRENT COURSE DATA:			
Course Title: Cellular Basis o	of Disease - MS		
Alpha Designator/Number:	B M S 6 0 4		
Title Abbreviation: C E I	L L B A S I S O F	D I S E A S E	
course title, alpha designator 2. If this change will affect oth this packet, as well as the res 3. If the changes made to this the affected department and 4. List courses, if any, that will	include it with this packet as well as the line include it with this packet as well as the line include it will be deleted because of this change (m	it hours, or catalog description. se, please send a memo to the affortment. title or content to another depart ne response received from the afforust submit course deletion form).	ected department and include it with ment's courses, please send a memo to
Signatures: if disapproved at	: any level, do not sign. Return to prev	ious signer with recommendatior	n attached.
Dept. Chair/Division Head			Date 12/11/17
Registrar Dyfa	SIC	269999	Date 12/20/17
College Curriculum Chair	Total L. Suc		Date 12/6/17

Christofer

Graduate Council Chair

College: Medicine	Department/Division: Biomedical Research A	lpha Designator/Number: BMS 604	
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)	
то		П	
If Yes, Rationale			
Change in COURSE ALPHA DESIGNATO	R:		
From: B M S To B M R	X YES ☐ NO		
If Yes, Rationale The MS program nar	me has been changed from BMS (Biomedical Sciences)	to BMR (Biomedical Research).	
Change in COURSE NUMBER:	YES 🗵 NO		
From: To:			
If Yes, Rationale			
Change in COURSE GRADING	ماله		
From Grade To Credit/No Cr	ean		
Rationale			
Change in CATALOG DESCRIPTION:	☐ YES ☒ NO IF YES, fill in below:		
_			
From			
То			
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
То
Change in COURSE CONTENT: YES NO
From
To
Rationale

Form updated 10/2011

Page 3 of 5

College: Medicine	Department: Biomedical Research	
Course Number/Title BMS 604/Cellular Basis of	Pisease	
REQUIRED COURSE: If this course is require notification you sent to them announcing to tapplicable.	by another department(s), identify it/them by name and attach the written nem the proposed change and any response received. Enter NOT APPLICABLE if not	
NOT APPLICABLE		
2. COURSE DELETION: List any courses that wi NOT APPLICABLE if not applicable.	be deleted because of this change. A <i>Course Deletion</i> form is also required. Enter	
NOT APPLICABLE		
	rour department requires additional faculty, equipment, or specialized materials as a resu and cost etc. required to secure these items. (NOTE: approval of this form does not imply PPLICABLE if not applicable.	lt
NOT APPLICABLE		
	j	

Form updated 10/2011 Page 4 of 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** 

**COURSE NUMBER CHANGE** 

**COURSE TITLE CHANGE** 

Department:

Department: **Course Number and Title:** 

Department:

**<u>Current Course Number/Title:</u>** 

**Current Course Number/Title:** 

Rationale:

**New Course Number:** 

New Course Title:

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

Rationale:

**Catalog Description:** 

**Catalog Description:** 

**Catalog Description:** 

**Credit hours:** 

COURSE ALPHA DESIGNATOR CHANGE

**Department: Biomedical Research** 

Current Course Number/Title: BMS 604/Cellular Basis of Disease - MS

New Course Number: BMR 604

Rationale: The name of the MS program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR).

Catalog Description: A molecular and cell biological study of the basis of diseases prevalent in Appalachia.

Credit Hours: 1

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: Medicine	Dept/Division: Biomedical Resear	Current Alpha Designator/Number	: BMS 604
Contact Person: Todd G	reen, PhD	Phone:	6-3531
CURRENT COURSE DAT	ΓA:		
Course Title: Cellular Ba	asis of Disease - PhD		
Alpha Designator/Numl	per: B M S 6 0 4		
Title Abbreviation: C	E L L B A S I S O	F DISEASE	
course title, alpha design 2. If this change will affect this packet, as well as the 3. If the changes made to the affected department 4. List courses, if any, that	ge form in its entirety and route through nator, course number, course content, out other departments that require this call response received from the affected on this course will make the course similar and include it with this packet as well as at will be deleted because of this changements and/or equipment need to be challed.	credit hours, or catalog description. course, please send a memo to the aff department. ar in title or content to another depart as the response received from the affee (must submit course deletion form).	ected department and include it with tment's courses, please send a memo to ected department.
Signatures: if disapprove	ed at any level, do not sign. Return to p	previous signer with recommendation	n attached.
Dept. Chair/Division Hea	ad •		Date/2////

College Curriculum Chair

Graduate Council Chair

College: Medicine Department/Division: Biomedical Research Alpha Designator/Number: BMS 604			
Provide complete information regarding the course change for each topic listed below.			
Change in CATALOG TITLE: YES X NO			
From (limited to 30 characters and spaces)			
То			
If Yes, Rationale			
Change in COURSE ALPHA DESIGNATOR:			
From: B M S To B M R X YES NO			
If Yes, Rationale The PhD program name has been changed from BMS (Biomedical Sciences) to BMR (Biomedical Research).			
Change in COURSE NUMBER: YES X NO			
From: To: 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			
То			
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		
То		
Change in COURSE CONTENT: YES X NO		
From .		
To Section 1. The section is a section of the section is a section of the section is a section of the section o		
Rationale		

Form updated 10/2011

Page 3 of 5

College: Medicine	Department: Biomedical Research		
ourse Number/Title BMS 604/Cellular Basis of Disease			
REQUIRED COURSE: If this course is requinotification you sent to them announcing applicable.	uired by another department(s), identify it/them by name and attach the written to them the proposed change and any response received. Enter NOT APPLICABLE if not		
NOT APPLICABLE			
2. COURSE DELETION: List any courses that NOT APPLICABLE if not applicable.	t will be deleted because of this change. A Course Deletion form is also required. Enter		
NOT APPLICABLE			
	S: If your department requires additional faculty, equipment, or specialized materials as a result me and cost etc. required to secure these items. (NOTE: approval of this form does not imply OT APPLICABLE if not applicable.		
NOT APPLICABLE			

Form updated 10/2011 Page 4 of 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** 

**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)

Rationale:

Rationale:

<u>Course</u> <u>Description:</u> (new)

Catalog Description:

**Catalog Description:** 

**Catalog Description:** 

**Credit hours:** 

COURSE ALPHA DESIGNATOR CHANGE

Department: Biomedical Research

Current Course Number/Title: BMS 604/Cellular Basis of Disease - PhD

New Course Number: BMR 604

Rationale: The name of the PhD program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR).

Catalog Description: A molecular and cell biological study of the basis of diseases prevalent in Appalachia.

Credit Hours: 1

Form updated 10/2011 Page 5 of 5

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number:	: BMS 617
Contact Person: Todd Green	, PhD	Phone:	6-3531
CURRENT COURSE DATA:			
Course Title: Statistical Tech	nniques for the Biomedical Sciences - I	MS	
Alpha Designator/Number:	B M S 6 1 7		
Title Abbreviation: B M S	S S T A T I S T I C	S T E C H N I Q	UES
course title, alpha designator 2. If this change will affect of this packet, as well as the res 3. If the changes made to this the affected department and 4. List courses, if any, that will	include it with this packet as well as the line in the deleted because of this change (m	it hours, or catalog description. rse, please send a memo to the affertment. It it it is or content to another depart the response received from the affert submit course deletion form).	ected department and include it with tment's courses, please send a memo to
Signatures: if disapproved at	any level, do not sign. Return to prev	ious signer with recommendatior	n attached.
Dept. Chair/Division Head		3	Date 12/11/17

College Curriculum Chair

Graduate Council Chair

College: Medicine	Department/Division: Biomedical Research	Alpha Designator/Number: BMS 617	
Provide complete information reg	arding the course change for each topic listed	below.	
Change in CATALOG TITLE: YES	⊠ NO		
From To		(limited to 30 characters and spaces)	
То			
If Yes, Rationale			
Change in COURSE ALPHA DESIGNATO	R:		
From: B M S To B M R	⊠ YES □ NO		
If Yes, Rationale The MS program nar	me has been changed from BMS (Biomedical Science	es) to BMR (Biomedical Research).	
Change in COURSE NUMBER:	YES X NO		
From: To:			
If Yes, Rationale			
Change in COURSE GRADING			
From Grade To Credit/No Cre	edit		
Rationale			
Change in CATALOG DESCRIPTION: YES NO IF YES, fill in below:			
From			
То			
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	
То	
Change in COURSE CONTENT: YES X NO	
From	
То	
Rationale	
Form updated 10/2011	Page 3 of 5
romi upuateu To/2011	rayesons

College: Medicine	Department:	Biomedical Research
Course Number/Title BMS 617/Statistics	al Techniques for the Biomedical Sciences	<del></del>
REQUIRED COURSE: If this course is notification you sent to them announ applicable.	required by another department(s), ident cing to them the proposed change and an	tify it/them by name and attach the written by response received. Enter NOT APPLICABLE if not
NOT APPLICABLE		
2. COURSE DELETION: List any courses NOT APPLICABLE if not applicable.	s that will be deleted because of this chang	ge. A Course Deletion form is also required. Enter
NOT APPLICABLE		
	he time and cost etc. required to secure th	nal faculty, equipment, or specialized materials as a result nese items. (NOTE: approval of this form does not imply
NOT APPLICABLE		

Form updated 10/2011 Page 4 of 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:

<u>Course Description (old)</u> <u>Course Description: (new)</u>

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 ALPHA DESIGNATOR CHANGE

**Department: Biomedical Research** 

Current Course Number/Title: BMS 617/Statistical Techniques for the Biomedical Sciences - MS

New Course Number: BMR 617

Rationale: The name of the MS program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR). Catalog Description: An application-oriented course in statistical concepts and techniques aimed at prospective researchers in the biomedical sciences.

Credit Hours: 3

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number: BMS 617
Contact Person: Todd Gr	reen, PhD	Phone: 6-3531
CURRENT COURSE DAT	A:	
Course Title: Statistical	Techniques for the Biomedical Sciences -	PhD
Alpha Designator/Numb	per: B M S 6 1 7	
Title Abbreviation: B	M S S T A T I S T I C	S TECHNIQUES
course title, alpha design 2. If this change will affecthis packet, as well as the 3. If the changes made to the affected department 4. List courses, if any, tha	ator, course number, course content, crec ct other departments that require this cour e response received from the affected dep o this course will make the course similar in and include it with this packet as well as to the will be deleted because of this change (n	rse, please send a memo to the affected department and include it with artment. In title or content to another department's courses, please send a memo to the response received from the affected department.
Signatures: if disapprove	ed at any level, do not sign. Return to prev	ious signer with recommendation attached.

Dept. Chair/Division Head	Date 12/11/1
Registrar 249999  College Curriculum Chair Tody 2. Muc.	Date 12/4/17
Graduate Council Chair Christofers	Date 2-22-18

_
)

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
То
Rationale

Form updated 10/2011

Page 3 of 5

College: Medicine	Department: Biomedical Research
Course Number/Title BMS 617/Statistical Techniques for the Bior	medical Sciences
<ol> <li>REQUIRED COURSE: If this course is required by another dep notification you sent to them announcing to them the propose applicable.</li> </ol>	partment(s), identify it/them by name and attach the written ed change and any response received. Enter NOT APPLICABLE if not
NOT APPLICABLE	
2. COURSE DELETION: List any courses that will be deleted becannot applicable.	ause of this change. A Course Deletion form is also required. Enter
NOT APPLICABLE	
	t requires additional faculty, equipment, or specialized materials as a result uired to secure these items. (NOTE: approval of this form does not imply t applicable.
NOT APPLICABLE	

Form updated 10/2011 Page 4 of 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** 

<u>Department:</u>
<u>Current Course Number/Title:</u>

New Course Number:

Rationale:

**Catalog Description:** 

Credit hours:

**COURSE TITLE CHANGE** 

Department:

**Current Course Number/Title:** 

New Course Title:

Rationale:

**Catalog Description:** 

COURSE ALPHA DESIGNATOR CHANGE

Department: Biomedical Research

Current Course Number/Title: BMS 617/Statistical Techniques for the Biomedical Sciences - PhD

New Course Number: BMR 617

Rationale: The name of the PhD program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR). Catalog Description: An application-oriented course in statistical concepts and techniques aimed at prospective researchers in the biomedical sciences.

Credit Hours: 3

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number:	BMS 644
Contact Person: Todd G	ireen, PhD	Phone: 6	5-3531
CURRENT COURSE DAT	TA:		
Course Title: Responsib	ole Conduct of Research - MS		
Alpha Designator/Numl	ber: B M S 6 4 4		
Title Abbreviation: R	E S E A R C H C O N C	UCT	
course title, alpha design 2. If this change will affer this packet, as well as the 3. If the changes made to the affected department 4. List courses, if any, that	ge form in its entirety and route through the nator, course number, course content, crect other departments that require this coure response received from the affected deporthis course will make the course similar it and include it with this packet as well as the tat will be deleted because of this change (numbers).	dit hours, or catalog description. rse, please send a memo to the affer rartment. In title or content to another departs the response received from the affer the submit course deletion form).	ected department and include it with ment's courses, please send a memo to cted department.
Signatures: if disapprove	ed at any level, do not sign. Return to pre	vious signer with recommendation	attached.
Dept. Chair/Division Hea	ad	<u> </u>	Date 12/11/17

College Curriculum Chair

Graduate Council Chair

College: Medicine	Department/Division: Biomedical Research Alpha Designator/Number: BMS 644	
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	R:	
From: BMS To BMR	∑ YES □ NO	
If Yes, Rationale The MS program nar	me has been changed from BMS (Biomedical Sciences) to BMR (Biomedical Research).	
Change in COURSE NUMBER:	YES 🔀 NO	
From: To:		
If Yes, Rationale		
Change in COURSE GRADING		
From Grade To Credit/No Cr	edit	
Rationale		
Change in CATALOG DESCRIPTION:	☐ YES ☒ NO IF YES, fill in below:	
From		
То		
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		
То		
Change in COURSE CONTENT: YES NO		
From	7.0	
To .		
Rationale		

College: Medicine	Department: Biomedical Research
Course Number/Title BMS 644/Responsible	e Conduct of Research
REQUIRED COURSE: If this course is reconstitution you sent to them announcing applicable.	quired by another department(s), identify it/them by name and attach the written g to them the proposed change and any response received. Enter NOT APPLICABLE if not
NOT APPLICABLE	
2. COURSE DELETION: List any courses the NOT APPLICABLE if not applicable.	at will be deleted because of this change. A Course Deletion form is also required. Enter
NOT APPLICABLE	
	TS: If your department requires additional faculty, equipment, or specialized materials as a resul time and cost etc. required to secure these items. (NOTE: approval of this form does not imply NOT APPLICABLE if not applicable.
NOT APPLICABLE	
1	

Form updated 10/2011 Page 4 of 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 COURSE NUMBER CHANGE** Department:

Rationale:

**New Course Number:** 

**Department:** 

**Course Number and Title: Current Course Number/Title:** 

Rationale:

Course Description (old)

Course Description: (new)

**Catalog Description: Catalog Description: Credit hours:** 

**COURSE TITLE CHANGE** 

Department:

**Current Course Number/Title:** 

**New Course Title:** 

Rationale:

**Catalog Description:** 

COURSE ALPHA DESIGNATOR CHANGE

Department: Biomedical Research

Current Course Number/Title: BMS 644/Responsible Conduct of Research - MS

New Course Number: BMR 644

Rationale: The name of the MS program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR). Catalog Description: Responsible conduct of research, including human subjects, live vertebrate animals, conflict of interest, mentor/mentee responsibilities, collaborative research, peer review, data management, research misconduct, and responsible authorship, with case discussions.

Credit Hours: 1

Form updated 10/2011 Page 5 of 5

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number	: BMS 644
Contact Person: Todd Gre	en, PhD	Phone:	6-3531
CURRENT COURSE DATA	:		
Course Title: Responsible	Conduct of Research - PhD		-
Alpha Designator/Numbe	er: B M S 6 4 4		
Title Abbreviation: R E	S E A R C H C O N D	UCT	
		·	
course title, alpha designa 2. If this change will affect this packet, as well as the 3. If the changes made to t the affected department a 4. List courses, if any, that	form in its entirety and route through th tor, course number, course content, cred other departments that require this coursesponse received from the affected departments will make the course similar in the include it with this packet as well as the will be deleted because of this change (mats and/or equipment need to be change)	lit hours, or catalog description. rse, please send a memo to the affartment. In title or content to another depart the response received from the affarts about the course deletion form).	ected department and include it with tment's courses, please send a memo to ected department.
Signatures: if disapproved	at any level, do not sign. Return to prev	ious signer with recommendatior	n attached.
Dept. Chair/Division Head		5	Date 12/11/1

College Curriculum Chair

Graduate Council Chair

College: Medicine	Department/Division: Biomedical Research	Alpha Designator/Number: BMS 644		
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)		
То				
If Yes, Rationale				
Change in COURSE ALPHA DESIGNATO	R:			
From: B M S To B M R				
If Yes, Rationale The PhD program na	ame has been changed from BMS (Biomedical Scienc	es) to BMR (Biomedical Research).		
Change in COURSE NUMBER:	YES 🔀 NO			
From: To:	_			
If Yes, Rationale	f Yes, Rationale			
Change in COURSE GRADING				
From Grade To Credit/No Cr	edit			
Rationale				
Change in CATALOG DESCRIPTION:	YES NO IF YES, fill in belo	w:		
From				
То				
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
То
Change in COURSE CONTENT: YES NO
From State of the
To
Rationale

Page 3 of 5

College: Medicine	Department: Biomedical Research	
Course Number/Title BMS 644/Responsible 0	onduct of Research	
	red by another department(s), identify it/them by name and attach the written them the proposed change and any response received. Enter NOT APPLICABLE if not	
NOT APPLICABLE		
2. COURSE DELETION: List any courses that NOT APPLICABLE if not applicable.	vill be deleted because of this change. A Course Deletion form is also required. Enter	
NOT APPLICABLE		
	If your department requires additional faculty, equipment, or specialized materials as a res e and cost etc. required to secure these items. (NOTE: approval of this form does not imply TAPPLICABLE if not applicable.	
NOT APPLICABLE		

Form updated 10/2011 Page 4 of 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:

<u>Course Description (old)</u> <u>Course Description: (new)</u>

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 ALPHA DESIGNATOR CHANGE

Department: Biomedical Research

Current Course Number/Title: BMS 644/Responsible Conduct of Research - PhD

New Course Number: BMR 644

Rationale: The name of the PhD program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR). Catalog Description: Responsible conduct of research, including human subjects, live vertebrate animals, conflict of interest, mentor/mentee responsibilities, collaborative research, peer review, data management, research misconduct, and responsible authorship, with case discussions.

Credit Hours: 1

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number:	BMS 660
Contact Person: Todd Green,	, PhD	Phone:	6-3531
CURRENT COURSE DATA:			
Course Title: Communicatio	on Skills for Biomedical Sciences I - MS		
Alpha Designator/Number:	B M S 6 6 0		
Title Abbreviation: C O N	M M U N I C A T I O N	B I O S C I	1
course title, alpha designator, 2. If this change will affect oth this packet, as well as the res 3. If the changes made to this the affected department and 4. List courses, if any, that wil	rm in its entirety and route through the course number, course content, credither departments that require this course ponse received from the affected depast course will make the course similar in include it with this packet as well as the deleted because of this change (maximum) and/or equipment need to be changed	t hours, or catalog description. se, please send a memo to the affortment. title or content to another depart e response received from the afforus submit course deletion form).	ected department and include it with ment's courses, please send a memo to ected department.
Signatures: if disapproved at	any level, do not sign. Return to previ	ous signer with recommendatior	a attached.
Dept. Chair/Division Head			Date 12/11/17
Registrar Snypo	A C	269999	Date 12/20/17
College Curriculum Chair	Todd L. Jour		Date 12/6/17
Graduate Council Chair	Christof	ero	Date 2-22-18

College: Medicine	Department/Division: Biomedical Research	Alpha Designator/Number: BMS 660		
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)		
То				
If Yes, Rationale				
Change in COURSE ALPHA DESIGNATO	PR:			
From: B M S To B M R				
If Yes, Rationale The MS program na	me has been changed from BMS (Biomedical Science	es) to BMR (Biomedical Research).		
Change in COURSE NUMBER:	YES NO			
From: To:				
If Yes, Rationale	If Yes, Rationale			
Change in COURSE GRADING				
From Grade To Credit/No Cr	edit			
Rationale				
Change in CATALOG DESCRIPTION:	☐ YES ☒ NO IF YES, fill in belo	ow:		
From				
То				
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
То
Change in COURSE CONTENT: YES NO
From
То
Rationale

College: Medicine	Department: Biomedical Research
Course Number/Title BMS 660/Communication Skills fo	for Biomedical Sciences I
<ol> <li>REQUIRED COURSE: If this course is required by an notification you sent to them announcing to them that applicable.</li> </ol>	nother department(s), identify it/them by name and attach the written he proposed change and any response received. Enter NOT APPLICABLE if not
NOT APPLICABLE	
2. COURSE DELETION: List any courses that will be de NOT APPLICABLE if not applicable.	eleted because of this change. A Course Deletion form is also required. Enter
NOT APPLICABLE	
3. ADDITIONAL RESOURCE REQUIREMENTS: If your de of this change, attach an estimate of the time and co approval for additional resources. Enter NOT APPLICA	lepartment requires additional faculty, equipment, or specialized materials as a resul ost etc. required to secure these items. (NOTE: approval of this form does not imply ABLE if not applicable.
NOT APPLICABLE	

Form updated 10/2011 Page 4 of 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)

<u>Course Description: (new)</u> <u>Catalog Description:</u> 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 ALPHA DESIGNATOR CHANGE

Department: Biomedical Research

Current Course Number/Title: BMS 660/Communication Skills for Biomedical Sciences I - MS

New Course Number: BMR 660

Rationale: The name of the MS program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR). Catalog Description: Biomedical graduate students are trained to plan, prepare and deliver effective scientific presentations.

Credit Hours: 1

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number: BMS 660
Contact Person: Todd G	ireen, PhD	Phone: 6-3531
CURRENT COURSE DA	TA:	
Course Title: Commun	ication Skills for Biomedical Sciences I - Ph	D
Alpha Designator/Num	ber: B M S 6 6 0	
Title Abbreviation: C	0 M M U N I C A T I O N	BIOSCIII
course title, alpha design 2. If this change will affe	nator, course number, course content, cred	rse, please send a memo to the affected department and include it with
3. If the changes made to	o this course will make the course similar in	n title or content to another department's courses, please send a memo to the response received from the affected department.
4. List courses, if any, the	at will be deleted because of this change (n	
L		
Signatures: if disapprov	red at any level, do not sign. Return to prev	ious signer with recommendation attached.

Dept. Chair/Division Head	Date 12/11/17
Registrar 269999	Date 12 (20 / 17
College Curriculum Chair Jodd L. Due	Date 12/6/17
Graduate Council Chair	Date 2-22-18

College: Medicine	Department/Division: Biomedical Research	Alpha Designator/Number: BMS 660	
Provide complete information reg	arding 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	R:		
From: B M S To B M R			
If Yes, Rationale The PhD program na	ame has been changed from BMS (Biomedical Scienc	ces) to BMR (Biomedical Research).	
Change in COURSE NUMBER:	YES 🗵 NO		
From: To:			
If Yes, Rationale			
Change in COURSE GRADING			
From Grade To Credit/No Cr	edit		
Rationale			
Change in CATALOG DESCRIPTION:	YES NO IF YES, fill in belo	ow:	
From			
То			
If Yes Rationale			

Form updated 10/2011

Page 2 of 5

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 X NO	
From	
То	
Rationale	
Form updated 10/2011 Page 3 or	ıf 5

College: Medicine	Department: Biomedical Research
Course Number/Title BMS 660/Communicat	tion Skills for Biomedical Sciences I
REQUIRED COURSE: If this course is required notification you sent to them announcing applicable.	uired by another department(s), identify it/them by name and attach the written to them the proposed change and any response received. Enter NOT APPLICABLE if not
NOT APPLICABLE	
2. COURSE DELETION: List any courses that NOT APPLICABLE if not applicable.	t will be deleted because of this change. A Course Deletion form is also required. Enter
NOT APPLICABLE	
	S: If your department requires additional faculty, equipment, or specialized materials as a resultime and cost etc. required to secure these items. (NOTE: approval of this form does not imply OT APPLICABLE if not applicable.
NOT APPLICABLE	
1	

Form updated 10/2011 Page 4 of 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

**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:** 

**Catalog Description:** 

**Credit hours:** 

COURSE ALPHA DESIGNATOR CHANGE

Department: Biomedical Research

Current Course Number/Title: BMS 660/Communication Skills for Biomedical Sciences I - PhD

New Course Number: BMR 660

Rationale: The name of the PhD program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR). Catalog Description: Biomedical graduate students are trained to plan, prepare and deliver effective scientific presentations.

Credit Hours: 1

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number:	: BMS 661
Contact Person: Todd Gre	en, PhD	Phone:	6-3531
CURRENT COURSE DATA	:		
Course Title: Communica	ntion Skills for Biomedical Sciences II - MS	5	
Alpha Designator/Numbe	er: B M S 6 6 1		
Title Abbreviation: C O	M M U N I C A T I O N	B I O S C I	1 1
course title, alpha designat 2. If this change will affect this packet, as well as the r 3. If the changes made to t the affected department a 4. List courses, if any, that	form in its entirety and route through the tor, course number, course content, cred other departments that require this coursesponse received from the affected departments will make the course similar in the include it with this packet as well as the will be deleted because of this change (months and/or equipment need to be change)	lit hours, or catalog description. rse, please send a memo to the afformation artment. In title or content to another depart the response received from the afformation and the submit course deletion form).	ected department and include it with tment's courses, please send a memo to ected department.
Signatures: if disapproved	l at any level, do not sign. Return to prev	ious signer with recommendatior	n attached.
Dept. Chair/Division Head	<u> </u>		Date 12/1/17
Registrar Str	ja SC	269999	Date 12/20/17
College Curriculum Chair	Jodd L. The		Date 12/6/17

1 Christo fero

College: Medicine	Department/Division: Biomedical Research Alpha Designator/Number: BMS 661		
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)		
То			
If Yes, Rationale			
Change in COURSE ALPHA DESIGNATO	R:		
From: B M S To B M R	∑ YES □ NO		
If Yes, Rationale The MS program na	me has been changed from BMS (Biomedical Sciences) to BMR (Biomedical Research).		
Change in COURSE NUMBER:	YES 🗵 NO		
From: To:			
If Yes, Rationale			
Change in COURSE GRADING			
From Grade To Credit/No Cr	edit		
Rationale			
Change in CATALOG DESCRIPTION:	YES NO IF YES, fill in below:		
From			
То			
If Yes Rationale			

Form updated 10/2011 Page 2 of 5

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 X NO			
From			
To			
Rationale			

Form updated 10/2011 Page 3 of 5

College: Medicine	Department: Biomedical Research
Course Number/Title BMS 661/Communicati	on Skills for Biomedical Sciences II
REQUIRED COURSE: If this course is required notification you sent to them announcing tapplicable.	ired by another department(s), identify it/them by name and attach the written to them the proposed change and any response received. Enter NOT APPLICABLE if not
NOT APPLICABLE	
2. COURSE DELETION: List any courses that NOT APPLICABLE if not applicable.	will be deleted because of this change. A Course Deletion form is also required. Enter
NOT APPLICABLE	
	: If your department requires additional faculty, equipment, or specialized materials as a resul ne and cost etc. required to secure these items. (NOTE: approval of this form does not imply OT APPLICABLE if not applicable.
NOT APPLICABLE	

Form updated 10/2011 Page 4 of 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: (new)

**Catalog Description:** 

Course Description (old)

Catalog Description:

New Course Number:

**Department:** 

Rationale:

**COURSE NUMBER CHANGE** 

**<u>Current Course Number/Title:</u>** 

**Credit hours:** 

**COURSE TITLE CHANGE** 

Department:

**Current Course Number/Title:** 

New Course Title:

Rationale:

**Catalog Description:** 

1	SE ALPHA DESIGNATOR CHANGE tment: Biomedical Research
Cur	nt Course Number/Title: BMS 661/Communication Skills for Biomedical Sciences II - MS Course Number: BMR 661
Cata	nale: The name of the MS program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR).  Description: Biomedical graduate students are trained to plan, prepare and deliver effective scientific presentations.
Cred	Hours: 1

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number	: BMS 661
Contact Person: Todd Gr	reen, PhD	Phone:	6-3531
CURRENT COURSE DAT	FA:		
Course Title: Communi	cation Skills for Biomedical Sciences II - Ph	D	
Alpha Designator/Numl	per: B M S 6 6 1		
Title Abbreviation: C	O M M U N I C A T I O N	BIOSCI	1 1
course title, alpha design 2. If this change will affect this packet, as well as the 3. If the changes made to the affected department 4. List courses, if any, tha	ge form in its entirety and route through the nator, course number, course content, credict other departments that require this course response received from the affected deporthis course will make the course similar in and include it with this packet as well as the twill be deleted because of this change (nate and or equipment need to be change)	it hours, or catalog description. rse, please send a memo to the affartment. In title or content to another depart the response received from the affarts submit course deletion form).	rected department and include it with tment's courses, please send a memo to ected department.
Signatures: if disapprove	ed at any level, do not sign. Return to prev	ious signer with recommendation	n attached.
Dept. Chair/Division Hea	ad		Date 12/11/17
Registrar Registrar	241	269999	Date 12/20/17

Graduate Council Chair

College Curriculum Chair

College: Medicine	Department/Division: Biomedical Research	Alpha Designator/Number: BMS 661
Provide complete information rega	ording the course change for each topic listed I	pelow.
Change in CATALOG TITLE: YES	⊠ NO	
From		(limited to 30 characters and spaces)
То		
If Yes, Rationale		
Change in COURSE ALPHA DESIGNATOR	:	
From: B M S To B M R	⊠ YES □ NO	
If Yes, Rationale The PhD program nam	me has been changed from BMS (Biomedical Scienc	es) to BMR (Biomedical Research).
Change in COURSE NUMBER:	YES 🗵 NO	
From: To:		
If Yes, Rationale		
Change in COURSE GRADING		
From Grade To Credit/No Cred	dit	
Rationale		
Change in CATALOG DESCRIPTION:	☐ YES ☒ NO IF YES, fill in belo	w:
From		
То		
If Yes Rationale		

Form updated 10/2011

Page 2 of 5

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 X NO			
From			
To			
Rationale			

Form updated 10/2011

Page 3 of 5

College: Medicine	Department: Biomedical Research
Course Number/Title BMS 661/Communic	ation Skills for Biomedical Sciences II
REQUIRED COURSE: If this course is reconstitution you sent to them announcing applicable.	quired by another department(s), identify it/them by name and attach the written g to them the proposed change and any response received. Enter NOT APPLICABLE if not
NOT APPLICABLE	
2. COURSE DELETION: List any courses the NOT APPLICABLE if not applicable.	at will be deleted because of this change. A Course Deletion form is also required. Enter
NOT APPLICABLE	
	TS: If your department requires additional faculty, equipment, or specialized materials as a resul time and cost etc. required to secure these items. (NOTE: approval of this form does not imply NOT APPLICABLE if not applicable.
NOT APPLICABLE	

Form updated 10/2011 Page 4 of 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** 

**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)

Rationale:

Rationale:

<u>Course Description: (new)</u>

Catalog Description:

Catalog Description:

**Catalog Description:** 

Credit hours:

COURSE ALPHA DESIGNATOR CHANGE

**Department: Biomedical Research** 

Current Course Number/Title: BMS 661/Communication Skills for Biomedical Sciences II - PhD

New Course Number: BMR 661

Rationale: The name of the PhD program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR). Catalog Description: Biomedical graduate students are trained to plan, prepare and deliver effective scientific presentations.

Credit Hours: 1

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: Medicine Dept/Division: Biomedical Research Current Alpha Designator/Number	: BMS 680
Contact Person: Todd Green, PhD Phone:	6-3531
CURRENT COURSE DATA:	
Course Title: Seminar - MS	
Alpha Designator/Number: B M S 6 8 0	
Title Abbreviation: S E M I N A R	
<ol> <li>Complete this five page form in its entirety and route through the departments/committees below course title, alpha designator, course number, course content, credit hours, or catalog description.</li> <li>If this change will affect other departments that require this course, please send a memo to the affe this packet, as well as the response received from the affected department.</li> <li>If the changes made to this course will make the course similar in title or content to another depart the affected department and include it with this packet as well as the response received from the affected.</li> <li>List courses, if any, that will be deleted because of this change (must submit course deletion form).</li> <li>If the faculty requirements and/or equipment need to be changed upon approval of this proposal, needs.</li> </ol>	ected department and include it with tment's courses, please send a memo to ected department.
Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation	n attached.
Dept. Chair/Division Head	Date
Registrar Soupe 26,9999	Date 12/20/17
College Curriculum Chair 5dd L. Jul	Date 12/6/17
Graduate Council Chair Ochristo fero	Date Z-Z2-18

College: Medicine Department/Division: Biomedical Research Alpha Designator/Number: BMS 680			
Provide complete information regarding the course change for each topic listed below.			
Change in CATALOG TITLE: YES X NO			
From [			
то			
If Yes, Rationale			
Change in COURSE ALPHA DESIGNATOR:			
From: B M S To B M R X YES NO			
If Yes, Rationale The MS program name has been changed from BMS (Biomedical Sciences) to BMR (Biomedical Research).			
Change in COURSE NUMBER: YES X 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			
То			
If Yes Rationale			
nationale			

Change in CO	OURSE CREDIT HOURS: YES NO If YES, fill in below:
NOTE: If cred	dit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.
From	
то	
Change in CO	OURSE CONTENT: YES NO
From	
<u> </u>	
То	
Rationale	

College: Medicine	Department:	Biomedical Research	_
Course Number/Title BMS 680/Seminar			
		tify it/them by name and attach the written ny response received. Enter NOT APPLICABLE if not	
NOT APPLICABLE	· · · · · · · · · · · · · · · · · · ·		
2. COURSE DELETION: List any courses that NOT APPLICABLE if not applicable.	will be deleted because of this chang	ge. A Course Deletion form is also required. Enter	
NOT APPLICABLE			
3. ADDITIONAL RESOURCE REQUIREMENTS: of this change, attach an estimate of the tin approval for additional resources. Enter NO	me and cost etc. required to secure th	nal faculty, equipment, or specialized materials as a r hese items. (NOTE: approval of this form does not imp	esult oly
NOT APPLICABLE			

Form updated 10/2011 Page 4 of 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:

<u>Course Description (old)</u> <u>Course Description: (new)</u>

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 ALPHA DESIGNATOR CHANGE

Department: Biomedical Research

Current Course Number/Title: BMS 680/Seminar - MS

New Course Number: BMR 680

Rationale: The name of the MS program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR).

Catalog Description: Study and discussion of current topic related to the Biomedical Sciences.

Credit Hours: 1

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: Medicine Dept/Division: Biomedical Research Current Alpha Designator/Number:	BMS 680
Contact Person: Todd Green, PhD Phone:	6-3531
CURRENT COURSE DATA:	
Course Title: Seminar - PhD	
Alpha Designator/Number: B M S 6 8 0	
Title Abbreviation: S E M I N A R	
<ol> <li>Complete this five page form in its entirety and route through the departments/committees below course title, alpha designator, course number, course content, credit hours, or catalog description.</li> <li>If this change will affect other departments that require this course, please send a memo to the affect this packet, as well as the response received from the affected department.</li> <li>If the changes made to this course will make the course similar in title or content to another depart the affected department and include it with this packet as well as the response received from the affected. List courses, if any, that will be deleted because of this change (must submit course deletion form).</li> <li>If the faculty requirements and/or equipment need to be changed upon approval of this proposal, a needs.</li> </ol>	ected department and include it with ment's courses, please send a memo to cted department.
Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation	attached.
Dept. Chair/Division Head	Date 12/11/17
Registrar Sould Zu 9999  College Curriculum Chair Sould Zu Zuee	Date 12/6/17
Graduate Council Chair Christo Lero	Date 2-22-/8

College: Medicine	Department/Division: Biomedical Research Alpha Designator/Number: BMS 680		
Provide complete information regarding the course change for each topic listed below.			
Change in CATALOG TITLE: YES	⊠ NO		
From	(limited to 30 share story and suppose)		
То			
If Yes, Rationale			
Change in COURSE ALPHA DESIGNATO	R:		
From: B M S To B M R	∑ YES ☐ NO		
If Yes, Rationale The PhD program na	ame has been changed from BMS (Biomedical Sciences) to BMR (Biomedical Research).		
Change in COURSE NUMBER:	YES X NO		
From: To:			
If Yes, Rationale			
Change in COURSE GRADING	- dea		
From Grade To Credit/No Cre	edit		
Rationale	·		
Change in CATALOG DESCRIPTION:	☐ YES ☒ NO IF YES, fill in below:		
_			
From			
То			
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	
То	
Change in COURSE CONTENT: YES X NO	
From .	
То	
Rationale	

Form updated 10/2011

Page 3 of 5

College: Medicine	Department:	Biomedical Research	
Course Number/Title BMS 680/Seminar			
REQUIRED COURSE: If this course is required by another de notification you sent to them announcing to them the proposapplicable.	epartment(s), ident	ntify it/them by name and attach the written ny response received. Enter NOT APPLICABLE if not	
NOT APPLICABLE			
2. COURSE DELETION: List any courses that will be deleted be NOT APPLICABLE if not applicable.	cause of this chang	ge. A Course Deletion form is also required. Enter	
NOT APPLICABLE			
3. ADDITIONAL RESOURCE REQUIREMENTS: If your department of this change, attach an estimate of the time and cost etc. recapproval for additional resources. Enter NOT APPLICABLE if no	quired to secure th		
NOT APPLICABLE			
			:
			i

Form updated 10/2011 Page 4 of 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** 

**COURSE NUMBER CHANGE** 

**COURSE TITLE CHANGE** 

Department:

**Course Number and Title:** 

Department:

Department:

Rationale:

**Current Course Number/Title:** 

**Current Course Number/Title:** 

New Course Number:

New Course Title:

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

Rationale:

**Catalog Description:** 

**Catalog Description: Credit hours:**  **Catalog Description:** 

**COURSE ALPHA DESIGNATOR CHANGE** 

Department: Biomedical Research

Current Course Number/Title: BMS 680/Seminar - PhD

New Course Number: BMR 680

Rationale: The name of the PhD program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR).

Catalog Description: Study and discussion of current topic related to the Biomedical Sciences.

Credit Hours: 1

- 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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number:	BMS 785
Contact Person: Todd Green, I	PhD	Phone:	5-3531
CURRENT COURSE DATA:			
Course Title: Introduction to	Research - MS		
Alpha Designator/Number:	B M S 7 8 5		
Title Abbreviation:	ROTORESE	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	Date 12/11/17
Registrar 269999	Date 12/80 /17
College Curriculum Chair July L. Jule	Date 12/6/17
Graduate Council Chair	Date 2-22-18

College: Medicine	Department/Division: Biomedical Research	Alpha Designator/Number: BMS 785		
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)		
то				
If Yes, Rationale				
Change in COURSE ALPHA DESIGNATO	R: .			
From: B M S To B M R				
If Yes, Rationale The MS program na	me has been changed from BMS (Biomedical Science	es) to BMR (Biomedical Research).		
Change in COURSE NUMBER:	YES 🛛 NO			
From: To:				
If Yes, Rationale				
Change in COURSE GRADING  From ☐ Grade To ☐ Credit/No Cr	edit			
Rationale				
Change in CATALOG DESCRIPTION:	YES NO IF YES, fill in belo	ow:		
From				
То				
If Yes				
Rationale				

Form updated 10/2011 Page 2 of 5

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 X NO
From
То
Rationale

Page 3 of 5

College: Medicine	Department:	Biomedical Research
Course Number/Title BMS 785/Introduction to	o Research	·····
REQUIRED COURSE: If this course is required in notification you sent to them announcing to applicable.	red by another department(s), ident them the proposed change and an	tify it/them by name and attach the written ny response received. Enter NOT APPLICABLE if not
NOT APPLICABLE		
2. COURSE DELETION: List any courses that w NOT APPLICABLE if not applicable.	will be deleted because of this chang	ge. A Course Deletion form is also required. Enter
NOT APPLICABLE		
3. ADDITIONAL RESOURCE REQUIREMENTS: It of this change, attach an estimate of the time approval for additional resources. Enter NOT	e and cost etc. required to secure th	nal faculty, equipment, or specialized materials as a resulese items. (NOTE: approval of this form does not imply
NOT APPLICABLE		

Form updated 10/2011 Page 4 of 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

**COURSE NUMBER CHANGE** 

**COURSE TITLE CHANGE** 

Department:

Department:

Department:

**Course Number and Title:** 

Current Course Number/Title:

**Current Course Number/Title:** 

Rationale: Course Description (old) **New Course Number:** 

**New Course Title:** 

Course Description: (new)

Rationale:

Rationale:

**Catalog Description:** 

**Catalog Description:** 

Catalog Description:

**Credit hours:** 

COURSE ALPHA DESIGNATOR CHANGE

Department: Biomedical Research

Current Course Number/Title: BMS 785/Introduction to Research - MS

**New Course Number: BMR 785** 

Rationale: The name of the MS program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR). Catalog Description: Directed research activities required a completed prospectus for an advanced research project, a written report, or a research thesis. A minimum of three (3) hours required for all M.S. candidates.

Credit Hours: 1-6

Page 5 of 5

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number:	BMS 785
Contact Person: Todd Gree	en, PhD	Phone:	6-3531
CURRENT COURSE DATA:			
Course Title: Introduction	to Research - PhD		
Alpha Designator/Number	B M S 7 8 5		
Title Abbreviation:	T R O T O R E S E	A R C H	
course title, alpha designate 2. If this change will affect of this packet, as well as the reason of the changes made to the affected department are 4. List courses, if any, that we have to the affected department are the courses, if any, that we have the courses of the course of the c	form in its entirety and route through the or, course number, course content, created and the departments that require this coures processed from the affected departments course similar in the course similar in the include it with this packet as well as the deleted because of this change (note and/or equipment need to be change).	lit hours, or catalog description. rse, please send a memo to the afformant. In title or content to another depart the response received from the afformats submit course deletion form).	ected department and include it with tment's courses, please send a memo to ected department.
Signatures: if disapproved	at any level, do not sign. Return to prev	ious signer with recommendation	n attached.
Dept. Chair/Division Head		9	Date 12/11/17
Registrar	DA CALLANIA	269999	Date 12/20/17
College Curriculum Chair			Data /2////

Graduate Council Chair Christofers

College: Medicine	Department/Division: Biomedical Research	Alpha Designator/Number: BMS 785	
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)	
То			
If Yes, Rationale			
Change in COURSE ALPHA DESIGNATO	PR:		
From: B M S To B M R			
If Yes, Rationale The PhD program n	ame has been changed from BMS (Biomedical Scienc	es) to BMR (Biomedical Research).	
Change in COURSE NUMBER:	YES 🔀 NO		
From: To:			
If Yes, Rationale			
Change in COURSE GRADING			
From Grade To Credit/No Co	redit	<del></del>	
Rationale			
Change in CATALOG DESCRIPTION:	YES NO IF YES, fill in belo	w:	
From			
То			
If Yes Rationale			
nauotiale			

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 To
Change in COURSE CONTENT: YES NO
From
To
Rationale

Page 3 of 5

College: Medicine	Department: Bi	iomedical Research
Course Number/Title BMS 785/Introduction to R	esearch	·····
REQUIRED COURSE: If this course is required notification you sent to them announcing to the applicable.		it/them by name and attach the written esponse received. Enter NOT APPLICABLE if not
NOT APPLICABLE		
2. COURSE DELETION: List any courses that will NOT APPLICABLE if not applicable.	be deleted because of this change.	A Course Deletion form is also required. Enter
NOT APPLICABLE		
3. ADDITIONAL RESOURCE REQUIREMENTS: If y of this change, attach an estimate of the time a approval for additional resources. Enter NOT A	and cost etc. required to secure these	faculty, equipment, or specialized materials as a result e items. (NOTE: approval of this form does not imply
NOT APPLICABLE		

Form updated 10/2011 Page 4 of 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** 

**COURSE NUMBER CHANGE** 

**COURSE TITLE CHANGE** 

Department:

**Course Number and Title:** 

**Department:** 

Department:

Rationale:

Current Course Number/Title:

**Current Course Number/Title:** 

New Course Number:

New Course Title:

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

Rationale:

Catalog Description:

Catalog Description:

**Catalog Description:** 

**Credit hours:** 

#### **COURSE ALPHA DESIGNATOR CHANGE**

Department: Biomedical Research

Current Course Number/Title: BMS 785/Introduction to Research - PhD

New Course Number: BMR 785

Rationale: The name of the PhD program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR). Catalog Description: Directed research activities required a completed prospectus for an advanced research project, a written report, or a research thesis. A minimum of three (3) hours required for all Ph.D. candidates.

Credit Hours: 1-6

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/Number	r: BMS 882
Contact Person: Todd Greer	n, PhD	Phone:	6-3531
CURRENT COURSE DATA:			
Course Title: Research - MS			
Alpha Designator/Number:	B M S 8 8 2		
Title Abbreviation: R E	S E A R C H		
course title, alpha designato 2. If this change will affect of this packet, as well as the res 3. If the changes made to thi the affected department and 4. List courses, if any, that wi	I include it with this packet as well as the deleted because of this change (n	it hours, or catalog description. se, please send a memo to the afartment. Ititle or content to another departing response received from the affauts submit course deletion form).	fected department and include it with tment's courses, please send a memo to
Signatures: if disapproved a	t any level, do not sign. Return to prev	ious signer with recommendatio	n attached.
Dept. Chair/Division Head _			Date
Registrar Ma		269999	Date 12/20/17
College Curriculum Chair	Todd L. Thee		Date 12/6/17
Graduate Council Chair	Christof	ero	Date 2-22-18

College: Medicine	Department/Division: Biomedical Research	Alpha Designator/Number: BMS 882
Provide complete information reg	arding 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	R:	
From: B M S To B M R	⊠ YES □ NO	
If Yes, Rationale The MS program nar	ne has been changed from BMS (Biomedical Science	es) to BMR (Biomedical Research).
Change in COURSE NUMBER:	YES 🔀 NO	
From: To:		
If Yes, Rationale		
Change in COURSE GRADING		
From Grade To Credit/No Cr	edit	
Rationale		
Change in CATALOG DESCRIPTION:	YES NO IF YES, fill in belo	ow:
From		
То		
If Yes Rationale		

Page 2 of 5

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

Form updated 10/2011

Page 3 of 5

College: Medicine	Department: Biomedical Research
Course Number/Title BMS 882/Research	
REQUIRED COURSE: If this course is require notification you sent to them announcing to applicable.	d by another department(s), identify it/them by name and attach the written the proposed change and any response received. Enter NOT APPLICABLE if not
NOT APPLICABLE	
2. COURSE DELETION: List any courses that wi NOT APPLICABLE if not applicable.	Il be deleted because of this change. A Course Deletion form is also required. Enter
NOT APPLICABLE	
	your department requires additional faculty, equipment, or specialized materials as a result and cost etc. required to secure these items. (NOTE: approval of this form does not imply APPLICABLE if not applicable.
NOT APPLICABLE	

Form updated 10/2011 Page 4 of 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** 

**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:

<u>Course Description (old)</u> <u>Course Description: (new)</u> Rationale:

Rationale:

Course Description: (new

**Catalog Description:** 

**Catalog Description:** 

**Catalog Description:** 

**Credit hours:** 

COURSE ALPHA DESIGNATOR CHANGE

Department: Biomedical Research

Current Course Number/Title: BMS 882/Research - MS

New Course Number: BMR 882

Catalog Description: The name of the MS program has been changed from BMS (Biomedical Sciences) to Biomedical Research

(BMR).

Credit Hours:1-15

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: Medicine	Dept/Division: Biomedical Research	Current Alpha Designator/N	lumber: BMS 882	
Contact Person: Todd Gree	en, PhD	P	hone: 6-3531	
CURRENT COURSE DATA	:			
Course Title: Research - P	hD			-
Alpha Designator/Numbe	r: B M S 8 8 2			
Title Abbreviation: R E	S E A R C H			
course title, alpha designat 2. If this change will affect this packet, as well as the r 3. If the changes made to the the affected department an 4. List courses, if any, that	form in its entirety and route through the for, course number, course content, cred other departments that require this course sponse received from the affected dephis course will make the course similar indicude it with this packet as well as the will be deleted because of this change (note and/or equipment need to be change)	lit hours, or catalog descript rse, please send a memo to artment. In title or content to another the response received from to must submit course deletion form	the affected depart department's court the affected depart m).	ment and include it with ses, please send a memo to ment.
Signatures: if disapproved	at any level, do not sign. Return to prev	ious signer with recommer	ndation attached.	
Dept. Chair/Division Head			Date_i3	2/11/17
Registrar College Curriculum Chair	Del L. Su	269999	Date _/	2/4/7
Graduate Council Chair	Christon	Lero	Date	2-22-18

College: Medicine	Department/Division: Biomedical Research	Alpha Designator/Number: BMS 882	
Provide complete information reg	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)	
То			
If Yes, Rationale			
Change in COURSE ALPHA DESIGNATO	OR:		
From: B M S To B M R	∑ YES □ NO		
If Yes, Rationale The PhD program n	ame has been changed from BMS (Biomedical Scienc	es) to BMR (Biomedical Research).	
Change in COURSE NUMBER:	YES 🔀 NO		
From: To:			
If Yes, Rationale			
Change in COURSE GRADING			
From Grade To Credit/No Cr	redit		
Rationale			
Change in CATALOG DESCRIPTION:	☐ YES ☑ NO IF YES, fill in belo	w:	
From			
То			
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		
То		
Change in COURSE CONTENT: YES NO		
From		
To		
Rationale		

Page 3 of 5

# Request for Graduate Course Change-Page 4

College: Medicine	Department: Biomedical Research
Course Number/Title BMS 882/Research	
REQUIRED COURSE: If this course is reconstitution you sent to them announcing applicable.	uired by another department(s), identify it/them by name and attach the written to them the proposed change and any response received. Enter NOT APPLICABLE if not
NOT APPLICABLE	
2. COURSE DELETION: List any courses th NOT APPLICABLE if not applicable.	t will be deleted because of this change. A Course Deletion form is also required. Enter
NOT APPLICABLE	
3. ADDITIONAL RESOURCE REQUIREMEN' of this change, attach an estimate of the approval for additional resources. Enter N	5: If your department requires additional faculty, equipment, or specialized materials as a resul me and cost etc. required to secure these items. (NOTE: approval of this form does not imply DT APPLICABLE if not applicable.
NOT APPLICABLE	

Form updated 10/2011 Page 4 of 5

# **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** 

**COURSE NUMBER CHANGE** 

**COURSE TITLE CHANGE** 

**Department:** 

<u>Department:</u>

**Department:** 

**Course Number and Title:** 

**Current Course Number/Title:** 

**Current Course Number/Title:** 

Rationale:

New Course Number:

New Course Title:

Course Description (old)

Rationale:

Rationale:

Course Description: (new)

Catalog Description:

Catalog Description:

<u>Catalog Description:</u>

Credit hours:

COURSE ALPHA DESIGNATOR CHANGE

Department: Biomedical Research

Current Course Number/Title: BMS 882/Research - PhD

New Course Number: BMR 882

Rationale: The name of the PhD program has been changed from BMS (Biomedical Sciences) to Biomedical Research (BMR).

Credit Hours: 1-15

Chair: Tracy Christofero

Dept/Division: Biomedical Research

6-3531

GC#9: Non-Curricular

### Request for Graduate Non-Curricular Changes

PLEASE USE THIS FORM FOR ALL NON-CURRICULAR CHANGE REQUESTS (changes in admission requirements or requirements for graduation, changes in existing or new policies/procedures, changes in program descriptions in catalog, general language changes in catalog).

SIGNATURES may not be required, depending on the nature of the request and from where it originates. Consult Graduate Council Chair.

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.

Todd Green

College: Medicine

3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

Contact Person:	Phone:	
Rationale for Request:		
The admission deadlines for the program are not con This will make the deadlines uniform.	sistent between the catalog and our web site.	
The will make the deadilines trillerin.		
Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached. NOTE: all requests may not require all signatures.		
Department/Division Chair	Date Spring 2018	
Registrar Songal Co	269999 Date 12/20   17	
College Curriculum Committee Chair (or Dean if no college curriculum committee)	Tru Date 12/18/17	
Graduate Council Chair	fer Date 2-22-18	
NOTE: please complete information required on the following pa	ages before obtaining signatures above.	
Form updated 1/2017	Page 1 of 5	

#### Request for Graduate Non-Curricular Changes - Page 2

1. Current Catalog Description (if applicable): Please insert the catalog description from the current catalog for entries you would like to change.

#### Pages 217-218

### Ph.D. Applications

The completed application, application fee, official transcripts and official GRE or MCAT scores should be received in the Graduate Admissions Office by January 15th for summer or fall applications in order for the application to be considered by the program.

Letters of recommendation and personal statements should be received in the BMS Office by January 15th in order for the application to be considered complete and for an admission decision to be rendered.

Applications completed very soon after the above stated deadlines may be considered at the discretion of the BMS Graduate Studies Committee.

New Ph.D. students will matriculate in July (Summer III term).

#### Page 218

#### M.S. Applications

The completed application, application fee, official transcripts, three letters of recommendation, written statement, and official GRE or MCAT scores (MCAT scores accepted for medical sciences area of emphasis only) should be received in the Graduate Admissions Office by June 1st for fall applications in order for the application to be considered by the program.

#### Page 221

#### M.D./Ph.D. Applications

Students interested in pursuing the combined degree should indicate this on their medical school AMCAS application. A separate M.D./Ph.D. admissions subcommittee consisting of members of the medical school and BMS graduate admission committees will review the applications. All applicants must take the MCAT. A score of 30 or better on the MCAT taken between January 2013 and January 2015 is preferredd for consideration for admission. An MCAT score of 28 will be considered if the applicant has extensive research experience. A minimum score of 505 on the new MCAT is required for consideration for admission.

AMCAS applications must be submitted by November 1. Completed applications should be received by December 1. Completed applications received after December 1 may be reviewed for a position on a waiting list.

#### Page 225

#### Clinical and Translational Science M.S. Admission Policy

Entrance into the Clinical and Translational Science, M.S. program is restricted to fall semester only. Applicant materials should be received by March 1 in the Graduate Admissions Office to have the best chance for admission.

Completed applications received in the Graduate Admissions Office by March 1 will be considered for admission. The CTS Admissions Committee will review completed applications, then interview the top candidates.

Form updated 1/2017 Page 2 of 5

# Request for Graduate Non-Curricular Changes - Page 3

 Edits to current description: Attach or insert a PDF copy of the current catalog description prepared in MS WORD with strikethroughs to mark proposed deletions and use the highlight function to indicate proposed new text.

**Attached** 

Form updated 1/2017 Page 3 of 5

# Request for Graduate Non-Curricular Changes – Page 4

3. **New Catalog Description**: Provide a "clean" copy of your proposed description without strikethroughs or highlighting. This should be what you are proposing for the new description.

Attached

Form updated 1/2017 Page 4 of 5

# Request for Graduate Non-Curricular Changes – Page 5

Please insert below your proposed change information for the Graduate Council agenda.

Type of change request: Non-curricular admissions deadlines catalog change

Department: Biomedical Research; Clinical and Translational Science

Degree program: M.D./Ph.D., Ph.D., M.S.

Effective date (fall/spring/summer, year): Spring 2018

Form updated 1/2017 Page 5 of 5

### 2. Edits to current description

#### Pages 217-218

#### Biomedical Research Ph.D. Applications

The completed application, application fee, official transcripts and official GRE or MCAT scores should be received in the Graduate Admissions Office by January 15th for summer or fall applications in order for the application to be considered by the program.

Letters of recommendation and personal statements should be received in the BMS Office by January 15th in order for the application to be considered complete and for an admission decision to be rendered.

Applications completed very soon after the above stated deadlines may be considered at the discretion of the BMS Graduate Studies Committee.

#### PRIORITY Deadline March 1 for best chance of admission

Applications are accepted on a rolling basis and are reviewed until the class is filled. Applications will be considered after the priority deadline until June 30, if openings are available.

The completed application, application fee, official transcript(s) from the degree-granting institution(s), and official GRE scores should be received in the Graduate Admissions Office by March 1. MCAT scores will be considered for admission on a case-by-case basis. For the application to be complete, the program online form and three recommendations should be received in the Office of Research and Graduate Education by March 1.

#### Page 218

#### Biomedical Research M.S. Applications

The completed application, application fee, official transcripts, three letters of recommendation, written statement, and official GRE or MCAT scores (MCAT scores accepted for medical sciences area of emphasis only) should be received in the Graduate Admissions Office by June 1st for fall applications in order for the application to be considered by the program.

#### PRIORITY Deadline June 1 for best chance of admission

Applications are accepted on a rolling basis and are reviewed until the class is filled. Applications will be considered after the priority deadline until June 30, if openings are available. The completed application, application fee, official transcript(s) from the degree-granting institution(s), three recommendations, a written statement on educational and career goals, and official GRE scores should be received in the Graduate Admissions Office by June 1. For the Medical Sciences area of emphasis only, no entrance exam is required. For the application to be complete, the program online form should be received in the Office of Research and Graduate Education by June 1.

New M.S. students will matriculate in the fall semester. Students in the research areas of emphasis may begin in July (Summer III term).

#### Page 221

#### Biomedical Research M.D./Ph.D. Applications

Students Applicants interested in pursuing the combined degree should indicate this on their medical school AMCAS application. A separate M.D./Ph.D. admissions subcommittee consisting of members of the medical school and BMS graduate admission committees will review the applications.

All applicants must take the MCAT. A score of 30 or better on the MCAT taken between January 2013 and January 2015 is preferredd for consideration for admission. An MCAT score of 28 will be considered if the applicant has extensive research experience. A minimum score of 505 on the new MCAT is required for consideration for admission.

AMCAS applications must be submitted by November 1. Completed applications should be received by December 1. Completed applications received after December 1 may be reviewed for a position on a waiting list.

# The AMCAS application period is from June 1 to November 1, with supplemental material due by December 15.

Applications are accepted on a rolling basis and reviewed November 1 through December 15. Final decisions will be made by January 31. Applications and supplemental material will not be accepted beyond the above deadlines. A separate M.D./Ph.D. admissions subcommittee will review the applications.

Consistent with JCESOM MD program admissions policy, all applicants are required to take the MCAT. An MCAT score of 498 or better is preferred. Provided they meet the requirements for not taking the MCAT, students from the JCESOM Medical Sciences Pathway Program who have fulfilled both the criteria for admittance to the MU JCESOM MD program and who have extensive research experience (e.g., co-authorship in multiple publications in peer reviewed journals) will be considered for interviews.

#### Page 225

#### Clinical and Translational Science M.S. Admission Policy

Entrance into the Clinical and Translational Science, M.S. program is restricted to fall semester only. Applicant materials should be received by March 1 in the Graduate Admissions Office to have the best chance for admission. Completed applications received in the Graduate Admissions Office by March 1 will be considered for admission.

#### PRIORITY Deadline June 1 for best chance of admission

Applications are accepted on a rolling basis and are reviewed until the class is filled. Applications will be considered after the priority deadline until June 30, if openings are available. The completed application, application fee, official transcript(s) from the

degree-granting institution(s), three recommendations, and a written statement on educational and career goals should be received in the Graduate Admissions Office by June 1. For the application to be complete, the program online form should be received in the Office of Research and Graduate Education by June 1.

## 3. New Catalog Description

Pages 217-218

Biomedical Research Ph.D. Applications

#### PRIORITY Deadline March 1 for best chance of admission

Applications are accepted on a rolling basis and are reviewed until the class is filled. Applications will be considered after the priority deadline until June 30, if openings are available.

The completed application, application fee, official transcript(s) from the degree-granting institution(s), and official GRE scores should be received in the Graduate Admissions Office by March 1. MCAT scores will be considered for admission on a case-by-case basis. For the application to be complete, the program online form and three recommendations should be received in the Office of Research and Graduate Education by March 1.

#### Page 218

**Biomedical Research M.S. Applications** 

#### PRIORITY Deadline June 1 for best chance of admission

Applications are accepted on a rolling basis and are reviewed until the class is filled. Applications will be considered after the priority deadline until June 30, if openings are available. The completed application, application fee, official transcript(s) from the degree-granting institution(s), three recommendations, a written statement on educational and career goals, and official GRE scores should be received in the Graduate Admissions Office by June 1. For the Medical Sciences area of emphasis only, no entrance exam is required. For the application to be complete, the program online form should be received in the Office of Research and Graduate Education by June 1.

New M.S. students will matriculate in the fall semester. Students in the research areas of emphasis may begin in July (Summer III term).

#### Page 221

#### Biomedical Research M.D./Ph.D. Applications

Applicants interested in pursuing the combined degree should indicate this on their medical school AMCAS application.

# The AMCAS application period is from June 1 to November 1, with supplemental material due by December 15.

Applications are accepted on a rolling basis and reviewed November 1 through December 15. Final decisions will be made by January 31. Applications and

supplemental material will not be accepted beyond the above deadlines. A separate M.D./Ph.D. admissions subcommittee will review the applications.

Consistent with JCESOM MD program admissions policy, all applicants are required to take the MCAT. An MCAT score of 498 or better is preferred. Provided they meet the requirements for not taking the MCAT, students from the JCESOM Medical Sciences Pathway Program who have fulfilled both the criteria for admittance to the MU JCESOM MD program and who have extensive research experience (e.g., co-authorship in multiple publications in peer reviewed journals) will be considered for interviews.

# Page 225 Clinical and Translational Science M.S. Admission Policy

#### **PRIORITY Deadline June 1 for best chance of admission**

Applications are accepted on a rolling basis and are reviewed until the class is filled. Applications will be considered after the priority deadline until June 30, if openings are available. The completed application, application fee, official transcript(s) from the degree-granting institution(s), three recommendations, and a written statement on educational and career goals should be received in the Graduate Admissions Office by June 1. For the application to be complete, the program online form should be received in the Office of Research and Graduate Education by June 1.

Entrance into the Clinical and Translational Science, M.S. program is restricted to fall semester only.