

## 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 Green, PhD

Phone: 6-3531

## CURRENT COURSE DATA:

Course Title: Introduction to Nucleic Acids and Proteins - MS

Alpha Designator/Number:


B M S 6 0 1

Title Abbreviation:

I N T R O D N A , R N A &amp; P R O T E I N S

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 <u>12/11/17</u> |
| Registrar <u>Sonya GGC</u> 269999  | Date <u>12/20/17</u> |
| College Curriculum Chair <u>Todd L. Green</u>  | Date <u>12/6/17</u>  |
| Graduate Council Chair <u>Tracy Christofero</u>  | Date <u>2-22-18</u>  |

## Request for Graduate Course Change - Page 2

College: Medicine

Department/Division: Biomedical Research

Alpha Designator/Number: BMS 601

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

Change in CATALOG TITLE: ☐ YES ☒ NO

From 



 (limited to 30 characters and spaces)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To: 











☒ YES ☐ NO

If Yes, Rationale

The MS 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

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Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

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College: Medicine

Department: Biomedical Research

Course Number/Title BMS 601/Introduction to Nucleic Acids and Proteins

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE



## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## Request for Graduate Course Change

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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 Green, PhD

Phone: 6-3531

## CURRENT COURSE DATA:

Course Title: Introduction to Nucleic Acids and Proteins - PhD

Alpha Designator/Number:

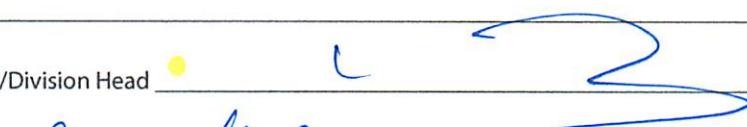


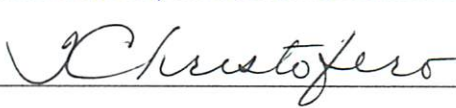
B M S 6 0 1

Title Abbreviation:

I N T R O D N A , R N A &amp; P R O T E I N S

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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 | 12/20/17 |
| College Curriculum Chair  |         | Date | 12/6/17  |
| Graduate Council Chair    |         | Date | 2-22-18  |

## Request for Graduate Course Change - Page 2

College: Medicine

Department/Division: Biomedical Research

Alpha Designator/Number: BMS 601

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

Change in CATALOG TITLE: ☐ YES ☒ NO

From 



 (limited to 30 characters and spaces)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To 











☒ YES ☐ NO

If Yes, Rationale

Change in COURSE NUMBER: ☐ YES ☒ NO

From: 











 To:

If Yes, Rationale



Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale



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

From

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From 

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To 

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Change in COURSE CONTENT: ☐ YES ☒ NO

From 

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To 

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Rationale 

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## Request for Graduate Course Change-Page 4

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College: Medicine

Department: Biomedical Research

Course Number/Title BMS 601/Introduction to Nucleic Acids and Proteins

---

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

NOT APPLICABLE

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

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

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## Request for Graduate Course Change - Page 5

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### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

**Request for Graduate Course Change**

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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: MedicineDept/Division: Biomedical ResearchCurrent Alpha Designator/Number: BMS 602Contact Person: Todd Green, PhDPhone: 6-3531**CURRENT COURSE DATA:**Course Title: Introduction to Cell Structure and Metabolism - MS

Alpha Designator/Number:




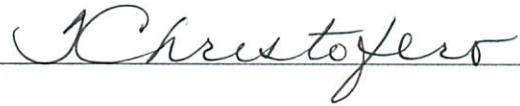
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| B | M | S |  | 6 | 0 | 2 |  |  |  |
|---|---|---|--|---|---|---|--|--|--|

Title Abbreviation:

|   |   |   |   |   |  |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|--|---|---|---|---|---|--|---|--|---|---|---|---|---|---|---|---|---|---|--|
| I | N | T | R | O |  | C | E | L | L | S |  | & |  | M | E | T | A | B | O | L | I | S | M |  |
|---|---|---|---|---|--|---|---|---|---|---|--|---|--|---|---|---|---|---|---|---|---|---|---|--|

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|   |                      |
|---|----------------------|
| Dept. Chair/Division Head  | Date <u>12/11/17</u> |
| Registrar  269999          | Date <u>12/20/17</u> |
| College Curriculum Chair   | Date <u>12/6/17</u>  |
| Graduate Council Chair     | Date <u>2-22-18</u>  |

## Request for Graduate Course Change - Page 2

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)

To

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From:    To:    ☒ 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 ☒ 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

To

If Yes  
Rationale



## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

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College: Medicine

Department: Biomedical Research

Course Number/Title BMS 602/Introduction to Cell Structure and Metabolism

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

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### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## Request for Graduate Course Change

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College: Medicine

Dept/Division: Biomedical Research

Current Alpha Designator/Number: BMS 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:

I N T R O C E L L S &amp; M E T A B O L I S M

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Dept. Chair/Division Head

Date 12/11/17

Registrar

Date 12/20/17

College Curriculum Chair

Date 12/6/17

Graduate Council Chair

Date 2-22-18

## Request for Graduate Course Change - Page 2

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)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To 











☒ 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 ☒ 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in **COURSE CREDIT HOURS**: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in **COURSE CONTENT**: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

---

College: Medicine

Department: Biomedical Research

Course Number/Title BMS 602/Introduction to Cell Structure and Metabolism

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

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## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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



## Request for Graduate Course Change

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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 Cell Function - MS

Alpha Designator/Number:





B M S 6 0 3

Title Abbreviation:

R E G U L A T I O N C E L L F U N C T I O N

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| College Curriculum Chair   | Date <u>12/6/18</u>  |
| Graduate Council Chair     | Date <u>2-22-18</u>  |

## Request for Graduate Course Change - Page 2

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)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To: 











☒ 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 ☒ 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

---

College: Medicine

Department: Biomedical Research

Course Number/Title BMS 603/Regulation of Cell Function

---

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

NOT APPLICABLE

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NOT APPLICABLE

## Request for Graduate Course Change - Page 5

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### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## 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.
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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 Cell Function - PhD

Alpha Designator/Number:




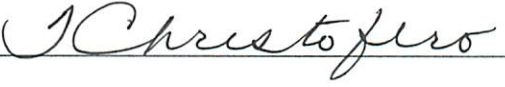
B M S 6 0 3

Title Abbreviation:

R E G U L A T I O N C E L L F U N C T I O N

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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 <u>12/11/17</u> |
| Registrar  269999          | Date <u>12/20/17</u> |
| College Curriculum Chair   | Date <u>12/6/17</u>  |
| Graduate Council Chair     | Date <u>2-22-18</u>  |

## Request for Graduate Course Change - Page 2

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)

To

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From:    To:    ☒ 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 ☒ 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale



## Request for Graduate Course Change-Page 4

---

College: Medicine

Department: Biomedical Research

Course Number/Title BMS 603/Regulation of Cell Function

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## 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 of Disease - MS

Alpha Designator/Number:




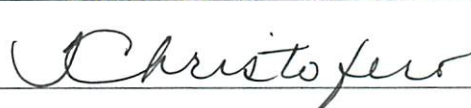
B M S 6 0 4

Title Abbreviation:

C E L L B A S I S O F D I S E A S E

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 | 12/20/17 |
| College Curriculum Chair  |         | Date | 12/6/17  |
| Graduate Council Chair    |         | Date | 2-22-18  |

## Request for Graduate Course Change - Page 2

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 ☒ NO

From 



 (limited to 30 characters and spaces)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To 











☒ YES ☐ NO

If Yes, Rationale

Change in COURSE NUMBER: ☐ YES ☒ NO

From: 











 To:

If Yes, Rationale



Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale



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

From

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

---

College: Medicine

Department: Biomedical Research

Course Number/Title BMS 604/Cellular Basis of Disease

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## 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 of Disease - PhD

Alpha Designator/Number:


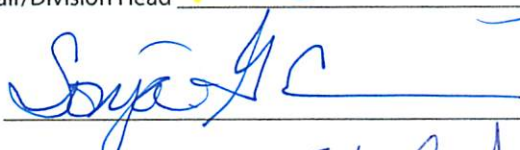
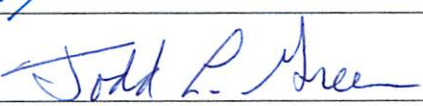
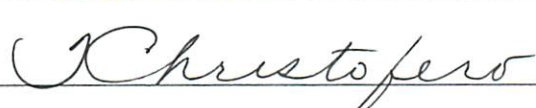
B M S 6 0 4

Title Abbreviation:

C E L L B A S I S O F D I S E A S E

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.
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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 <u>12/11/17</u> |
| Registrar  269999          | Date <u>12/20/17</u> |
| College Curriculum Chair   | Date <u>12/6/17</u>  |
| Graduate Council Chair     | Date <u>2-22-18</u>  |



## Request for Graduate Course Change - Page 2

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 ☒ NO

From 



 (limited to 30 characters and spaces)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To 











☒ 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 ☒ 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From 

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To 

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Change in COURSE CONTENT: ☐ YES ☒ NO

From 

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To 

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Rationale 

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|  |
|--|

## Request for Graduate Course Change-Page 4

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College: Medicine

Department: Biomedical Research

Course Number/Title BMS 604/Cellular Basis of Disease

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

# 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 Techniques for the Biomedical Sciences - MS

Alpha Designator/Number:




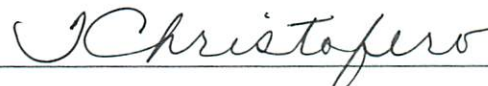
B M S 6 1 7

Title Abbreviation:

B M S S T A T I S T I C S T E C H N I Q U E S

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 | 12/20/17 |
| College Curriculum Chair  |         | Date | 12/6/17  |
| Graduate Council Chair    |         | Date | 2-22-18  |

## Request for Graduate Course Change - Page 2

College: Medicine

Department/Division: Biomedical Research

Alpha Designator/Number: BMS 617

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

Change in CATALOG TITLE: ☐ YES ☒ NO

From 



 (limited to 30 characters and spaces)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To 











☒ YES ☐ NO

If Yes, Rationale

Change in COURSE NUMBER: ☐ YES ☒ NO

From: 



 To:

If Yes, Rationale



Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale



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

From

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

---

College: Medicine

Department: Biomedical Research

Course Number/Title BMS 617/Statistical Techniques for the Biomedical Sciences

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE



## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## 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 Techniques for the Biomedical Sciences - PhD

Alpha Designator/Number:

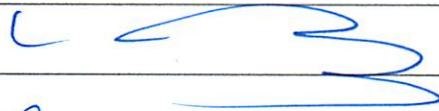

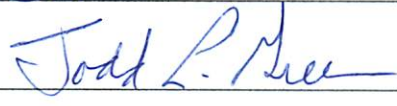

B M S 6 1 7

Title Abbreviation:

B M S S T A T I S T I C S T E C H N I Q U E S

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.
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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                 |  249999 | Date | 12/20/17 |
| College Curriculum Chair  |         | Date | 12/6/17  |
| Graduate Council Chair    |         | Date | 2-22-18  |

## Request for Graduate Course Change - Page 2

College: Medicine

Department/Division: Biomedical Research

Alpha Designator/Number: BMS 617

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

Change in CATALOG TITLE: ☐ YES ☒ NO

From 



 (limited to 30 characters and spaces)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To 











☒ YES ☐ NO

If Yes, Rationale 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

---

College: Medicine

Department: Biomedical Research

Course Number/Title BMS 617/Statistical Techniques for the Biomedical Sciences

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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



## Request for Graduate Course Change - Page 2

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)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To 











☒ YES ☐ NO

If Yes, Rationale

Change in COURSE NUMBER: ☐ YES ☒ NO

From: 



 To:

If Yes, Rationale



Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale



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

From

To

If Yes  
Rationale



## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

---

College: Medicine

Department: Biomedical Research

Course Number/Title BMS 644/Responsible Conduct of Research

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## 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 Green, PhD

Phone: 6-3531

### CURRENT COURSE DATA:

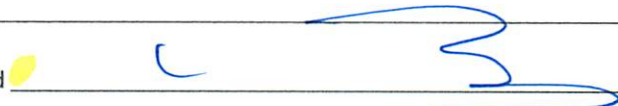


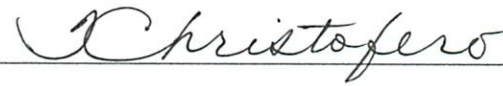
Course Title: Responsible Conduct of Research - PhD

Alpha Designator/Number: B M S 6 4 4

Title Abbreviation: R E S E A R C H C O N D U C T

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.
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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 <u>12/11/17</u> |
| Registrar  269999          | Date <u>12/20/17</u> |
| College Curriculum Chair   | Date <u>12/6/17</u>  |
| Graduate Council Chair     | Date <u>2-22-18</u>  |

## Request for Graduate Course Change - Page 2

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)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To 











☒ YES ☐ NO

If Yes, Rationale

Change in COURSE NUMBER: ☐ YES ☒ NO

From: 















 To:

If Yes, Rationale



Change in COURSE GRADING

From ☐ Grade To ☐ Credit/No Credit

Rationale



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

From

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

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College: Medicine

Department: Biomedical Research

Course Number/Title BMS 644/Responsible Conduct of Research

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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



## 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: MedicineDept/Division: Biomedical ResearchCurrent Alpha Designator/Number: BMS 660Contact Person: Todd Green, PhDPhone: 6-3531

### CURRENT COURSE DATA:

Course Title: Communication Skills for Biomedical Sciences I - MS

Alpha Designator/Number:

|   |   |   |  |   |   |   |  |  |  |
|---|---|---|--|---|---|---|--|--|--|
| B | M | S |  | 6 | 6 | 0 |  |  |  |
|---|---|---|--|---|---|---|--|--|--|

Title Abbreviation:

|   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |  |   |   |   |  |   |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|--|---|--|--|
| C | O | M | M | U | N | I | C | A | T | I | O | N |  | B | I | O |  | S | C | I |  | I |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|--|---|--|--|

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.
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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 <u>12/11/17</u> |
| Registrar  269999         | Date <u>12/20/17</u> |
| College Curriculum Chair  | Date <u>12/6/17</u>  |
| Graduate Council Chair    | Date <u>2-22-18</u>  |

## Request for Graduate Course Change - Page 2

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)

To

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From:  To:  ☒ 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 ☒ 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

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College: Medicine

Department: Biomedical Research

Course Number/Title BMS 660/Communication Skills for Biomedical Sciences I

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## 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: Communication Skills for Biomedical Sciences I - PhD

Alpha Designator/Number: B M S 6 6 0

Title Abbreviation: C O M M U N I C A T I O N B I O S C I I

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.
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4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
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Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

|                           |                      |
|---------------------------|----------------------|
| Dept. Chair/Division Head | Date <u>12/11/17</u> |
| Registrar  269799         | Date <u>12/20/17</u> |
| College Curriculum Chair  | Date <u>12/6/17</u>  |
| Graduate Council Chair    | Date <u>2-22-18</u>  |

## Request for Graduate Course Change - Page 2

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)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To 











☒ 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 ☒ 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale



## Request for Graduate Course Change-Page 4

---

College: Medicine

Department: Biomedical Research

Course Number/Title BMS 660/Communication Skills for Biomedical Sciences I

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## 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.
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College: Medicine

Dept/Division: Biomedical Research

Current Alpha Designator/Number: BMS 661

Contact Person: Todd Green, PhD

Phone: 6-3531

### CURRENT COURSE DATA:

Course Title: Communication Skills for Biomedical Sciences II - MS

Alpha Designator/Number:

|   |   |   |  |   |   |   |  |  |  |
|---|---|---|--|---|---|---|--|--|--|
| 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 |  | I | I |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|--|---|---|--|

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|                           |                      |
|---------------------------|----------------------|
| Dept. Chair/Division Head | Date <u>12/11/17</u> |
| Registrar  269999         | Date <u>12/20/17</u> |
| College Curriculum Chair  | Date <u>12/6/17</u>  |
| Graduate Council Chair    | Date <u>2-22-18</u>  |

## Request for Graduate Course Change - Page 2

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)

To

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From:  To:  ☒ 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 ☒ 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

---

College: Medicine \_\_\_\_\_

Department: Biomedical Research \_\_\_\_\_

Course Number/Title BMS 661/Communication Skills for Biomedical Sciences II \_\_\_\_\_

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE ALPHA DESIGNATOR CHANGE

Department: Biomedical Research

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

New Course Number: BMR 661

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

## 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: MedicineDept/Division: Biomedical ResearchCurrent Alpha Designator/Number: BMS 661Contact Person: Todd Green, PhDPhone: 6-3531

### CURRENT COURSE DATA:

Course Title: Communication Skills for Biomedical Sciences II - PhD

Alpha Designator/Number:

|   |   |   |  |   |   |   |  |  |  |
|---|---|---|--|---|---|---|--|--|--|
| 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 |  | I | I |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|--|---|---|--|

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

|   |                      |
|---|----------------------|
| Dept. Chair/Division Head   | Date <u>12/11/17</u> |
| Registrar <span style="float: right; margin-right: 20px;">269999</span> | Date <u>12/20/17</u> |
| College Curriculum Chair  | Date <u>12/6/17</u>  |
| Graduate Council Chair  | Date <u>2-22-18</u>  |



## Request for Graduate Course Change - Page 2

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)

To

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From:  To:  ☒ 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 ☒ 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From 

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To 

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Change in COURSE CONTENT: ☐ YES ☒ NO

From 

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Rationale 

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## Request for Graduate Course Change-Page 4

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College: Medicine

Department: Biomedical Research

Course Number/Title BMS 661/Communication Skills for Biomedical Sciences II

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## 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:

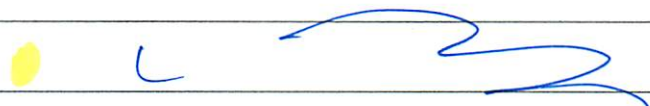

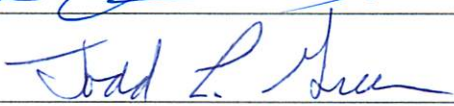
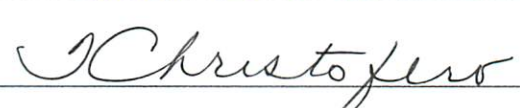
B M S 6 8 0

Title Abbreviation:

S E M I N A R

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.
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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 | 12/20/17 |
| College Curriculum Chair  |         | Date | 12/6/17  |
| Graduate Council Chair    |         | Date | 2-22-18  |

## Request for Graduate Course Change - Page 2

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 characters and spaces)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To: 











☒ 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 ☒ 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

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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.

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Change in COURSE CONTENT: ☐ YES ☒ NO

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Rationale 

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## Request for Graduate Course Change-Page 4

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College: Medicine

Department: Biomedical Research

Course Number/Title BMS 680/Seminar

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE



## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## 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: MedicineDept/Division: Biomedical ResearchCurrent Alpha Designator/Number: BMS 680Contact Person: Todd Green, PhDPhone: 6-3531

### CURRENT COURSE DATA:

Course Title: Seminar - PhD

Alpha Designator/Number:

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Title Abbreviation:

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1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
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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 <u>12/11/17</u> |
| Registrar <span style="float: right; margin-right: 20px;">269999</span> | Date <u>12/20/17</u> |
| College Curriculum Chair  | Date <u>12/6/17</u>  |
| Graduate Council Chair  | Date <u>2-22-18</u>  |

## Request for Graduate Course Change - Page 2

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 characters and spaces)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To 











☒ 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 ☒ 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

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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.

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Change in COURSE CONTENT: ☐ YES ☒ NO

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To 

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Rationale 

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## Request for Graduate Course Change-Page 4

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College: Medicine

Department: Biomedical Research

Course Number/Title BMS 680/Seminar

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## 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 Green, PhD

Phone: 6-3531

## CURRENT COURSE DATA:

Course Title: Introduction to Research - MS

Alpha Designator/Number:

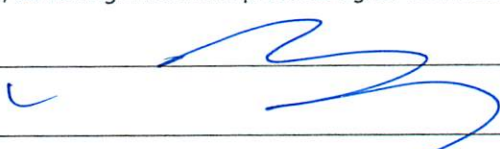


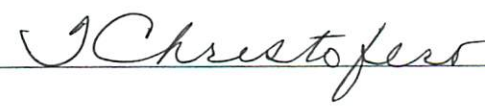
B M S 7 8 5

Title Abbreviation:

I N T R O T O R E S E A R C H

1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
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4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
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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 | 12/20/17 |
| College Curriculum Chair  |         | Date | 12/6/17  |
| Graduate Council Chair    |         | Date | 2-22-18  |

## Request for Graduate Course Change - Page 2

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)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To 











☒ 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 ☒ 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

To

If Yes  
Rationale



## Request for Graduate Course Change - Page 3

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Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

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College: Medicine

Department: Biomedical Research

Course Number/Title BMS 785/Introduction to Research

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## Request for Graduate Course Change

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College: MedicineDept/Division: Biomedical ResearchCurrent Alpha Designator/Number: BMS 785Contact Person: Todd Green, PhDPhone: 6-3531

### CURRENT COURSE DATA:

Course Title: Introduction to Research - PhD

Alpha Designator/Number:

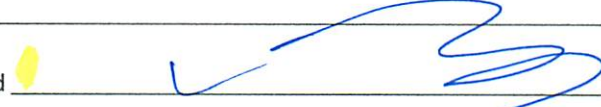



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Title Abbreviation:

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

|   |                      |
|---|----------------------|
| Dept. Chair/Division Head                            | Date <u>12/11/17</u> |
| Registrar  <span style="float: right;">269997</span> | Date <u>12/20/17</u> |
| College Curriculum Chair                             | Date <u>12/6/17</u>  |
| Graduate Council Chair                               | Date <u>2-22-18</u>  |

## Request for Graduate Course Change - Page 2

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)

To

If Yes, Rationale

Change in COURSE ALPHA DESIGNATOR:

From:    To:    ☒ 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 ☒ 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

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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

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Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

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College: Medicine \_\_\_\_\_

Department: Biomedical Research \_\_\_\_\_

Course Number/Title BMS 785/Introduction to Research \_\_\_\_\_

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

NOT APPLICABLE

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

NOT APPLICABLE

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

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## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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



## Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
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College: Medicine

Dept/Division: Biomedical Research

Current Alpha Designator/Number: BMS 882

Contact Person: Todd Green, PhD

Phone: 6-3531

### CURRENT COURSE DATA:

Course Title: Research - MS

Alpha Designator/Number:

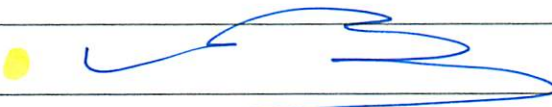



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Title Abbreviation:

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1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
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Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

|   |                      |
|---|----------------------|
| Dept. Chair/Division Head  | Date <u>12/11/17</u> |
| Registrar  269999          | Date <u>12/20/17</u> |
| College Curriculum Chair   | Date <u>12/6/17</u>  |
| Graduate Council Chair     | Date <u>2-22-18</u>  |

## Request for Graduate Course Change - Page 2

College: Medicine

Department/Division: Biomedical Research

Alpha Designator/Number: BMS 882

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

Change in CATALOG TITLE: ☐ YES ☒ NO

From 



 (limited to 30 characters and spaces)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To 











☒ YES ☐ NO

If Yes, Rationale The MS 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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale

## Request for Graduate Course Change-Page 4

---

College: Medicine \_\_\_\_\_

Department: Biomedical Research \_\_\_\_\_

Course Number/Title BMS 882/Research \_\_\_\_\_

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

## 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 882

Contact Person: Todd Green, PhD

Phone: 6-3531

## CURRENT COURSE DATA:

Course Title: Research - PhD

Alpha Designator/Number:

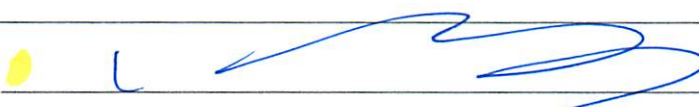


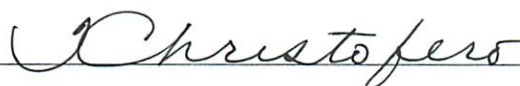
B M S 8 8 2

Title Abbreviation:

R E S E A R C H

1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

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

|  |                      |
|--|----------------------|
| Dept. Chair/Division Head  | Date <u>12/11/17</u> |
| Registrar  269999           | Date <u>12/20/17</u> |
| College Curriculum Chair    | Date <u>12/6/17</u>  |
| Graduate Council Chair      | Date <u>2-22-18</u>  |

## Request for Graduate Course Change - Page 2

College: Medicine

Department/Division: Biomedical Research

Alpha Designator/Number: BMS 882

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

Change in CATALOG TITLE: ☐ YES ☒ NO

From 



 (limited to 30 characters and spaces)

To

If Yes, Rationale



Change in COURSE ALPHA DESIGNATOR:

From: 











 To 











☒ YES ☐ NO

If Yes, Rationale

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

To

If Yes  
Rationale

## Request for Graduate Course Change - Page 3

---

Change in COURSE CREDIT HOURS: ☐ YES ☒ NO If YES, fill in below:

NOTE: If credit hours increase/decrease, please provide documentation that specifies the adjusted work requirements.

From

To

---

Change in COURSE CONTENT: ☐ YES ☒ NO

From

To

Rationale



## Request for Graduate Course Change-Page 4

---

College: Medicine \_\_\_\_\_

Department: Biomedical Research \_\_\_\_\_

Course Number/Title BMS 882/Research \_\_\_\_\_

---

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

## Request for Graduate Course Change - Page 5

Please insert in the text box below your course change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings) based on the appropriate change:

### COURSE DESCRIPTION CHANGE

Department:

Course Number and Title:

Rationale:

Course Description (old)

Course Description: (new)

Catalog Description:

### COURSE NUMBER CHANGE

Department:

Current Course Number/Title:

New Course Number:

Rationale:

Catalog Description:

Credit hours:

### COURSE TITLE CHANGE

Department:

Current Course Number/Title:

New Course Title:

Rationale:

Catalog Description:

### COURSE 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

**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.
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  
Contact Person: Todd Green Phone: 6-3531

Rationale for Request:

The admission deadlines for the program are not consistent between the catalog and our web site. This will make the deadlines uniform.

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 Uma Indur Date Spring 2018

Registrar Sonyia G. Cox 269999 Date 12/20/17

College Curriculum Committee Chair Todd L. Green Date 12/18/17  
(or Dean if no college curriculum committee)

Graduate Council Chair Tracy Christofero Date 2-22-18

NOTE: please complete information required on the following pages before obtaining signatures above.

## 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 preferred 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.

### **Request for Graduate Non-Curricular Changes – Page 3**

2. **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

## **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

## 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

~~Spring~~  
Summer



## 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).



### **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 preferred 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.

### **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.