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: COEPD
Dept/Division: Curriculum & Instruction
Current Alpha Designator/Number: CI 797

Contact Person: Bobbi Nicholson
Phone: 6-2094

CURRENT COURSE DATA:

Course Title:
Alpha Designator/Number: CI 797
Title Abbreviation: Dissertation Research

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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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 3-22-14
Registrar
Date 9/2/14
College Curriculum Chair
Date 9/10/14
Graduate Council Chair
Date 10/31/14

Form updated 04/2012
Provide complete information regarding the course change for each topic listed below.

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Form updated 04/2012
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  (May attach separate page if needed)

From

To

Rationale
College: COEPD  Department: Curriculum & Instruction

Course Number/Title  CI 797: Dissertation 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.

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.

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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**CHANGE IN COURSE GRADING**

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Request for Graduate Addition, Deletion, or Change of Area of Emphasis

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy without signatures 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: COE PD
Dept/Division: Elementary and Secondary Education

Contact Person: Edna Meisel
Phone: 304.746.8983

Action Requested
Check action requested: [ ] Addition [ ] Deletion [ ] Change

Degree Program MA, Elementary Education

Area of Emphasis Elementary Mathematics Specialist

Effective Term/Year Fall 20 [ ] Spring 20 [X] Summer 20 [ ]

Notifications
Attach a copy of written notification regarding this curriculum request to the following:

1. Statement of Non-Duplication: If this area of emphasis will be similar in title or content to an existing area of emphasis, please send a memo to the affected department/division and include a copy with this packet as well as the response received from the affected department.
2. If your department/division requires additional faculty, equipment, or specialized materials, attach an estimate of cost and time required to secure these items.

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

Dept. Chair/Division Head
Registrar
College Curriculum Chair
College Dean
Graduate Council Chair
Provost/VP Academic Affairs
President

Date 8-27-14
Date 9/2/14
Date 9/10/14
Date 10/31/14

Form updated 2/2012
1. Please provide a rationale for addition, deletion, change:

The Marshall University College of Education and Professional Development (COEPD) has recently approved (Spring 2014) to offer the Elementary Mathematics Specialist program at the graduate certificate level. Now that the program is approved by Marshall University, and in keeping with the COEPD desire to offer a variety of area's of emphasis for a master's degree, the Elementary Education program desires to offer the Elementary Mathematics Specialist program as an area of emphasis. This area of emphasis relates directly to the Master's in Elementary Education to strengthen mathematical content knowledge, mathematical teaching methods, and leadership of elementary teachers, Grades K-6. The courses in this certificate program will emphasize deep learning of mathematical content as well as progressive mathematics pedagogy appropriate for the teaching of mathematics to elementary students.

2. Please describe any changes in curriculum:
   Course number, title, credit hours. Note whether each course is required or optional. Enter NONE if no change.

The Core Courses and Capstone Experience courses for a master's degree in Elementary Education will stay the same as those used for a typical master's in Elementary Education. The changes needed will be the addition of the Elementary Mathematics Specialist area of emphasis courses. All of the courses are 3 hours and all are required:

- CIME 500 Mathematics for Elementary Teachers I
- CIME 501 Mathematics for Elementary Teachers II
- CIME 555 Technical Mathematics for Mathematics Educators
- CIME 650 Algebra for Mathematics Educators
- CIME 658 Geometry for Mathematics Educators
- CIME 673 Elementary Mathematics Methods and Supervised Field Practicum K-6;

- CIEC 534 Applications Software in the Classroom Curriculum Area (This course will count in the Core Courses as the technology course. It is already a technology course choice in the Core Courses.)

3. Additional Resource Requirements: If your program requires additional faculty, equipment or specialized materials to ADD or CHANGE this Area of Emphasis attach an estimate of the time and money required to secure these items. May attach separate page if needed.
   NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

   NOT APPLICABLE

4. NON-DUPLICATION:
   If a question of possible duplication occurs, attach a copy of the correspondence sent to the appropriate department(s) describing the request and any response received from them.
   Enter NONE if not applicable.

   NONE

For catalog changes as a result of the above action, please fill in the following pages.
Request for Graduate Addition, Deletion, or Change of Area of Emphasis-Page 3

5. Current Catalog Description
   Insert the Current Catalog Description and page number from the latest catalog for entries you would like to change.
   (May attach separate page if needed)
   A change in the description of the Elementary Mathematics Specialist area of emphasis is not needed. It is in the process of being added to the MU Graduate Catalog since its approval in the 2014 Spring semester as a graduate certificate. What needs to change is the list of Areas of Emphasis under the description of the possible areas of emphasis for a master's degree in Elementary Education. See ATTACHMENT.

6. Edits to the Current Description
   Attach 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.

7. New Catalog Description
   Insert a 'clean' copy of your proposed description, i.e., no strikethroughs or highlighting included. This should be what you are proposing for the new description. (May attach separate page if needed)
Please insert in the text box below your Area of Emphasis change information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:
Area of Emphasis Title:
Credit Hours:
Type of Change Requested: (addition, deletion, change)
Term to Take Effect: (Fall, Spring, Summer/Year)
Rationale:

Department: Elementary and Secondary Education, MU Graduate College
Area of Emphasis Title: Elementary Mathematics Specialist
Credit Hours: 21 hours
Type of Change Requested: Addition
Term to Take Effect: Spring/2015
Rationale:

The Marshall University College of Education and Professional Development (COEPD) has recently approved (Spring 2014) to offer the Elementary Mathematics Specialist program at the graduate certificate level. Now that the program is approved by Marshall University, and in keeping with the COEPD desire to offer a variety of area’s of emphasis for a master’s degree, the Elementary Education program desires to offer the Elementary Mathematics Specialist program as an area of emphasis. This area of emphasis relates directly to the Master’s in Elementary Education to strengthen mathematical content knowledge, mathematical teaching methods, and leadership of elementary teachers, Grades K-6. The courses in this certificate program will emphasize deep learning of mathematical content as well as progressive mathematics pedagogy appropriate for the teaching of mathematics to elementary students.
Request for Graduate Course Change

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College: COEPD  Dept/Division: Leadership Studies  Current Alpha Designator/Number: LS 765

Contact Person: Bobbi Nicholson  Phone: 6-2094

CURRENT COURSE DATA:

Course Title:

Alpha Designator/Number: LS 765

Title Abbreviation: Advanced Research

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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Dept. Chair/Division Head

Registrar

College Curriculum Chair

Graduate Council Chair

Date 8-20-14

Date 9/2/14

Date 9/10/14

Date 10/31/14

Form updated 04/2012
Provide complete information regarding the course change for each topic listed below.

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Form updated 04/2012
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  (May attach separate page if needed)

From

To

Rationale
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.

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CHANGE IN COURSE GRADING

Department/Program: Leadership Studies
Course # and Title: LS 765
Rationale: Credit/No Credit is more consistent with the prospectus development that students do in the course and is a more accurate indication of their performance.
Request for Graduate Course Change

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College: COEPD
Dept/Division: Leadership Studies
Current Alpha Designator/Number: LS 797

Contact Person: Bobbi Nicholson
Phone: 6-2094

CURRENT COURSE DATA:

Course Title: 

Alpha Designator/Number: LS 797

Title Abbreviation: Dissertation Research

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Dept. Chair/Division Head
Date 8-20-14

Registrar
Date 9/3/14

College Curriculum Chair
Date 9/10/14

Graduate Council Chair
Date 10/31/14
Provide complete information regarding the course change for each topic listed below.

Change in CATALOG TITLE:  □ YES  ☒ NO

From:  
To:  (limited to 30 characters and spaces)

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  Credit/No Credit is more consistent with the kind of work students do in the preparation of their dissertations and is a more accurate indication of their performance.

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  (May attach separate page if needed)

From

To

Rationale

Form updated 04/2012
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**CHANGE IN COURSE GRADING**

- Department/Program: Leadership Studies
- Course # and Title: LS 797
- Rationale: Credit/No Credit is more consistent with the kind of work students do in the preparation of their dissertations and is a more accurate indication of their performance.
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College: Medicine/Graduate  Dept/Division: Biochem. & Micro.  Current Alpha Designator/Number: MCB 632
Contact Person: Donald Primerano, Ph.D.  Phone: 696-7338

CURRENT COURSE DATA:

Course Title: Medical Microbiology II

Alpha Designator/Number: M C B 6 3 2
Title Abbreviation: M E D I C A L M I C R O B I O L O G Y I I

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Dept. Chair/Division Head

Registrar

College Curriculum Chair

Graduate Council Chair

Date 09/03/2014

Date 9/10/14

Date 9/14/14

Date 10/31/14

Form updated 04/2012
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Form updated 04/2012
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  3 hours

To  2 hours

With the change in the medical school curriculum, the number of contact hours has decreased from 36 to 24. The old and new schedules are attached.

Change in COURSE CONTENT:  ☐ YES   ☑ NO  (May attach separate page if needed)

From

To

Rationale
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
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:

<table>
<thead>
<tr>
<th>COURSE DESCRIPTION CHANGE</th>
<th>COURSE NUMBER CHANGE</th>
<th>COURSE TITLE CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td></td>
<td>Department:</td>
</tr>
<tr>
<td>Course Number and Title:</td>
<td>Current Course Number/Title:</td>
<td>Current Course Number/Title:</td>
</tr>
<tr>
<td>Rationale:</td>
<td>New Course Number:</td>
<td>New Course Title:</td>
</tr>
<tr>
<td>Course Description (old)</td>
<td>Rationale:</td>
<td>Rationale:</td>
</tr>
<tr>
<td>Course Description: (new)</td>
<td>Catalog Description:</td>
<td>Catalog Description:</td>
</tr>
<tr>
<td>Catalog Description:</td>
<td>Credit hours:</td>
<td>Credit hours:</td>
</tr>
</tbody>
</table>

**COURSE CREDIT HOUR CHANGE**
Department: Biochemistry and Microbiology
Course Number and Title: MCB 632, Medical Microbiology II
Credit Hours (old): 3
Credit Hours (new): 2
Rationale: The medical school curriculum has changed, so the number of contact hours has decreased.
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Lecturer</th>
<th>Lecture Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/6</td>
<td>1-2pm</td>
<td>D. Shah</td>
<td>Blastomyces, Paracoccidiodes, Pneumocystis carinii, Aspergillus</td>
</tr>
<tr>
<td>1/6</td>
<td>2-3pm</td>
<td>D. Shah</td>
<td>Histoplasma, Coccidioides, Zygomycetes</td>
</tr>
<tr>
<td>1/11</td>
<td>8-9am</td>
<td>T. Fenger</td>
<td>Adenovirus, Corona/SARS, Rhinovirus, Respiratory Syncytial Virus, Parainfluenza, Mumps</td>
</tr>
<tr>
<td>1/11</td>
<td>9-10am</td>
<td>W. Zeng</td>
<td>Influenza</td>
</tr>
<tr>
<td>1/12</td>
<td>10-11am</td>
<td>H. Yu</td>
<td>Acute Bacterial Infections</td>
</tr>
<tr>
<td>1/12</td>
<td>11-12pm</td>
<td>H. Yu</td>
<td>Chronic Bacterial Infections</td>
</tr>
<tr>
<td>1/13</td>
<td>9-10am</td>
<td>M. Lopez-Marti</td>
<td>Atypical pneumonia</td>
</tr>
<tr>
<td>1/23 (Monday)</td>
<td>8:30am start</td>
<td>Exam 1 (covers January 6-13 inclusive, 7 hours)</td>
<td></td>
</tr>
<tr>
<td>1/25</td>
<td>8-9am</td>
<td>H. Yu</td>
<td>Bloody diarrhea</td>
</tr>
<tr>
<td>1/25</td>
<td>9-10am</td>
<td>H. Yu</td>
<td>E. coli, Shigella, Salmonella, Yersinia, Campylobacter, C. difficile</td>
</tr>
<tr>
<td>1/25</td>
<td>10-11am</td>
<td>H. Yu</td>
<td>Helicobacter pylori</td>
</tr>
<tr>
<td>1/26</td>
<td>8-9am</td>
<td>H. Yu</td>
<td>Food poisoning</td>
</tr>
<tr>
<td>1/26</td>
<td>9-10am</td>
<td>H. Yu</td>
<td>Vibrio cholera, Staphylococcus aureus, Bacillus cereus</td>
</tr>
<tr>
<td>1/27 (Friday)</td>
<td>8:30am start</td>
<td>Exam 2 (covers January 25-26 inclusive)</td>
<td></td>
</tr>
<tr>
<td>1/30</td>
<td>8-9am</td>
<td>J. Walden</td>
<td>Schistosomiasis, Tapeworms, Hydatid Disease</td>
</tr>
<tr>
<td>1/30</td>
<td>9-10am</td>
<td>J. Walden</td>
<td>Neurocysticercosis, Lung Fluke, Liver Fluke</td>
</tr>
<tr>
<td>1/31</td>
<td>8-9am</td>
<td>J. Walden</td>
<td>Intestinal Protozoa (amebiasis; balantidium; giardiasis)</td>
</tr>
<tr>
<td>1/31</td>
<td>9-10am</td>
<td>J. Walden</td>
<td>Intestinal protozoa (Cryptosporidium, cyclospora; dientamoeba; blastocystis; isospora; microsporidiosis)</td>
</tr>
<tr>
<td>2/1</td>
<td>8-10am</td>
<td>T. Fenger</td>
<td>Reovirus, Calicivirus, and Enterovirus</td>
</tr>
<tr>
<td>2/2</td>
<td>8-10am</td>
<td>W. Zeng</td>
<td>Viral Hepatitis</td>
</tr>
<tr>
<td>2/13 (Monday)</td>
<td>8:30am start</td>
<td>Exam 3 (covers January 30-February 2 inclusive)</td>
<td></td>
</tr>
<tr>
<td>2/17</td>
<td>11-12pm</td>
<td>M. Lopez-Marti</td>
<td>Bacterial Zoonoses (leptospirosis, brucellosis, tularemia and plague) and infections after animal bites (Pasteurella, Eikenella, Capnocytophaga, etc.)</td>
</tr>
<tr>
<td>2/20</td>
<td>1-2pm</td>
<td>M. Lopez-Marti</td>
<td>Viral exanthems</td>
</tr>
<tr>
<td>2/20</td>
<td>2-3pm</td>
<td>D. Primerano</td>
<td>Microbiology Subject Exam Preparation</td>
</tr>
<tr>
<td>2/21</td>
<td>9-10am</td>
<td>D. Shah</td>
<td>Superficial mycoses; Subcutaneous mycoses</td>
</tr>
<tr>
<td>2/21</td>
<td>1-3pm</td>
<td>M. Lopez-Marti</td>
<td>Vector Borne Bacteria</td>
</tr>
<tr>
<td>2/23</td>
<td>8-10am</td>
<td>H. Yu</td>
<td>Bacterial Skin Infections</td>
</tr>
<tr>
<td>2/23</td>
<td>10-12pm</td>
<td>D. Primerano</td>
<td>Micro Case Discussion</td>
</tr>
<tr>
<td>2/28</td>
<td>1-2pm</td>
<td>T. Fenger</td>
<td>Bioterrorism and Response</td>
</tr>
<tr>
<td>2/28</td>
<td>2-3pm</td>
<td>T. Fenger</td>
<td>Bioterrorism Movie</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Instructor</td>
<td>Subject</td>
</tr>
<tr>
<td>--------------</td>
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<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3/2 (Friday)</td>
<td>8:30am</td>
<td></td>
<td>Exam 4 (covers February 17-28 inclusive)</td>
</tr>
<tr>
<td>3/5 to 3/9</td>
<td></td>
<td></td>
<td>Spring Break</td>
</tr>
<tr>
<td>3/14</td>
<td>8-11am</td>
<td>T. Fenger</td>
<td>Viral STDs, Human Papillomavirus, Herpes simplex I and II, HIV, Parvovirus, Congenital and Perinatal infections, CMV (Herpesviridae), Rubella, HSV</td>
</tr>
<tr>
<td>3/14</td>
<td>10-12pm</td>
<td>M. Lopez-Marti</td>
<td>Sexually-transmitted infections</td>
</tr>
<tr>
<td>3/15</td>
<td>10-12pm</td>
<td>M. Lopez-Marti, A. Kilgore</td>
<td>Microbiology Small Group Session on Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>4/2 (Monday)</td>
<td>8:30am</td>
<td></td>
<td>Exam 5 (covers March 14-16 inclusive)</td>
</tr>
<tr>
<td>April 26</td>
<td>8:30am</td>
<td>D. Primerano</td>
<td>NBME Micro Subject Exam (3 hour exam, 150 questions)</td>
</tr>
<tr>
<td>Day</td>
<td>Time</td>
<td>Lecturer</td>
<td>Lecture Title</td>
</tr>
<tr>
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<td>-------------------------------------------------------------------------------</td>
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<tr>
<td>1/22</td>
<td>8-10am</td>
<td>A. Kilgore</td>
<td>Cardiac Infections</td>
</tr>
<tr>
<td>1/29</td>
<td>9-11am</td>
<td>C. Meadows III</td>
<td>Respiratory Infections, Pneumonias</td>
</tr>
<tr>
<td>1/29</td>
<td>11-12pm</td>
<td>D. Shah</td>
<td>Respiratory Fungal Infections</td>
</tr>
<tr>
<td>1/30</td>
<td>9-10am</td>
<td>W. Zeng</td>
<td>Respiratory Viral Infections I</td>
</tr>
<tr>
<td>1/30</td>
<td>10-11am</td>
<td>H. Yu</td>
<td>Respiratory Infections</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cystic Fibrosis and Tuberculosis</td>
</tr>
<tr>
<td>1/31</td>
<td>1-2pm</td>
<td>T. Fenger</td>
<td>Respiratory Viral Infections II</td>
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<tr>
<td>1/31</td>
<td>2-2:30pm</td>
<td>D. Primerano</td>
<td>Preparing for the Micro+ Immuno Subject Exam</td>
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<tr>
<td>2/12</td>
<td>8:30 am</td>
<td></td>
<td>Exam I (covers January 22-31 inclusive, 8 hours)</td>
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<tr>
<td>(Wednesday)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2/27</td>
<td>TBD</td>
<td>G. Lopez-Marti</td>
<td>Sexually-transmitted infections-independent learning-REVIEW SLIDES AND THEN ANSWER QUIZ</td>
</tr>
<tr>
<td>2/27</td>
<td>TBD</td>
<td>D. Primerano</td>
<td>STI Blackboard Quiz</td>
</tr>
<tr>
<td>2/27</td>
<td>8-10am</td>
<td>T. Fenger</td>
<td>Viral STDs, Human Papillomavirus, Herpes simplex I and II, HIV, Parvovirus, Congenital and Perinatal infections, CMV (Herpesviridae), Rubella, HSV</td>
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<tr>
<td>3/15 to 3/23</td>
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<td></td>
<td>Spring Break</td>
</tr>
<tr>
<td>3/24</td>
<td>11-12:30pm</td>
<td>H. Yu</td>
<td>Helicobacter pylori</td>
</tr>
<tr>
<td>3/26</td>
<td>11-12pm</td>
<td>T. Fenger</td>
<td>Reovirus, Calicivirus, and Enterovirus</td>
</tr>
<tr>
<td>3/27</td>
<td>10-11am</td>
<td>H. Yu</td>
<td>Bloody Diarrhea</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>E. coli, Shigella, Salmonella, Yersinia, Campylobacter, C. difficile</td>
</tr>
<tr>
<td>3/27</td>
<td>11-12pm</td>
<td>H. Yu</td>
<td>Food poisoning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Vibrio cholera, Staph. Aureus, Bacillus cereus</td>
</tr>
<tr>
<td>April 4 Friday</td>
<td>8:30am</td>
<td>D. Primerano</td>
<td>Exam II (covers Feb 27 to March 27, 6.5 hours)</td>
</tr>
<tr>
<td>3/28</td>
<td>10-11am</td>
<td>J. Walden</td>
<td>Free Living Amebic Infections, Onchocerciasis (River Blindness), Bancroftian filariasis, Malayan filariasis, Timorion filariasis, Loiasis, Dracunculiasis (Guinea-worm infection), Toxoplasmosis</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Instructor</td>
<td>Topics</td>
</tr>
<tr>
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<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>3/28</td>
<td>11-12pm</td>
<td>J. Walden</td>
<td>Schistosomiasis&lt;br&gt;T. saginata&lt;br&gt;T. solium&lt;br&gt;Cysticercosis&lt;br&gt;Diphyllobothriasis (fish tapeworm)&lt;br&gt;Hymenolepiasis&lt;br&gt;Dipylidium caninum&lt;br&gt;Echinococcosis</td>
</tr>
<tr>
<td>3-31</td>
<td>10-11am</td>
<td>J. Walden</td>
<td>Paragonimiasis&lt;br&gt;Clonorchiasis/Opisthorchiasis&lt;br&gt;Fascioliasis&lt;br&gt;Fasciolopsiasis</td>
</tr>
<tr>
<td>3/31</td>
<td>11-12pm</td>
<td>J. Walden</td>
<td>Intestinal Protozoa, Amebiasis, Giardia lamblia, Trichomoniasis, Dientamoeba fragilis, Balantidium coli, Cryptosporidium parvum, Isospora belli, Cyclospora cayetanensis, Sarcocystosis, Microsporidia</td>
</tr>
<tr>
<td>4/10</td>
<td>11-12pm</td>
<td>W. Zeng</td>
<td>Viral Hepatitis&lt;br&gt;suggested reading: Chapter 47 (hepatitis A), 31 (HB), 53 (HC), 56 (HD), 49 (HE), Clinical Virology, 3rd ed, D.D. Richman, R.J. Whitley and F. G. Hayden</td>
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<tr>
<td>April 16</td>
<td>8:30am</td>
<td>D. Primerano</td>
<td>Exam 3 (covers March 28 to April 10, 5 hours)</td>
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<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 2</td>
<td>8:30am</td>
<td>D. Primerano</td>
<td>NBME Micro Subject Exam (3 hour exam, 150 questions)</td>
</tr>
</tbody>
</table>
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: College of Health
Dept/Division: School of Physical Therapy
Current Alpha Designator/Number: PT/702

Contact Person: Dr. Neil A. Evans
Phone: 6-5617

CURRENT COURSE DATA:

Course Title: PT 702 Neuroscience I

Alpha Designator/Number: PT 702

Title Abbreviation: Neuroscience 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.
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

Registrar

College Curriculum Chair

Graduate Council Chair

Date 8/28/14

Date 9/2/14

Date 9/9/14

Date 10/31/14

Form updated 04/2012
Provide complete information regarding the course change for each topic listed below.

<table>
<thead>
<tr>
<th>Change in CATALOG TITLE:</th>
<th>☒ YES</th>
<th>☐ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: Neuroscience I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To: Neuro Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, Rationale</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The new course title provides a more clear description of the course content being delivered in the course.

<table>
<thead>
<tr>
<th>Change in COURSE ALPHA DESIGNATOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: [ ] To: [ ]</td>
</tr>
<tr>
<td>If Yes, Rationale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Change in COURSE NUMBER:</th>
<th>☐ YES</th>
<th>☒ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: [ ] To: [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, Rationale</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Change in COURSE GRADING</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: ☐ Grade To: ☐ Credit/No Credit</td>
</tr>
<tr>
<td>Rationale: NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Change in CATALOG DESCRIPTION:</th>
<th>☐ YES</th>
<th>☒ NO</th>
<th>IF YES, fill in below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: [ ] To: [ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, Rationale</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form updated 04/2012
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  (May attach separate page if needed)

From

To

Rationale

Form updated 04/2012
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
COURSE TITLE CHANGE
Department: School of Physical Therapy
Current Course Number/Title: PT 702/ Neuroscience I
New Course Title: PT 702 Neuro Evaluation
Rationale: The new course title provides a more clear description of the course content being delivered in the course. Additionally, since Neuroscience II is being deleted with these current curricular changes, the PT curriculum committee felt that changing the course title of PT 702 would eliminate any possible confusion for students.
Catalog Description: This course focuses on the comprehensive screening, exam, and evaluation of patients with neurologic dysfunction with focus on selection and interpretation of examination components in order to discern underlying pathophysiology reflective of neurological dysfunction.
Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College: College of Health Professions
Dept/Div: School of Physical Therapy

Contact Person: Dr. Neil A. Evans
Phone: 6-5617

Current Course Number and Title: PT 703 Neuroscience II

Rationale for Course Deletion: The course content of this course is being moved into PT 744 Medical Pathology in Physical Therapy IV. Additionally, the credit hours within the plan of study will not change in the semester being taught nor will they change over the course of a student's plan of study due to this curricular change. The credits and course content are simply shifting from 2 courses into 1 course.

Final term and year this course is to be offered: Fall 20  Spring 20 14  Summer 20

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title:  Credit Hrs.

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

Dept. Chair/Division Head: [Signature]  Date: 8/28/14
Registrar: [Signature]  Date: 9/2/14
College Curriculum Chair: [Signature]  Date: 9/4/14
Graduate Council Chair: [Signature]  Date: 10/31/14
<table>
<thead>
<tr>
<th>Department:</th>
<th>School of Physical Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Number and Title:</td>
<td>PT 703 Neuroscience II</td>
</tr>
<tr>
<td>Rationale for deletion:</td>
<td>The course content is being shifted into the PT 744 Medical Pathology in Physical Therapy IV course and therefore is no longer needed for the plan of study.</td>
</tr>
<tr>
<td>Final Term Offered:</td>
<td>Spring 2014</td>
</tr>
<tr>
<td>Courses Added (if any):</td>
<td>NONE due to this change</td>
</tr>
</tbody>
</table>
Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College: College of Health Professions
Dept/Div.: School of Physical Therapy
Contact Person: Dr. Neil Evans
Phone: 6-5617
Current Course Number and Title: PT 743: Medical Pathology in Physical Therapy III

Rationale for Course Deletion:
The course content is being added to PT 783: Cardiopulmonary Rehabilitation and therefore is no longer needed in the curriculum.

Final term and year this course is to be offered: Fall 20 □ Spring 20 □ Summer 20 □
Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.
Course Number and Title: NONE
Credit Hrs. □

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

Dept. Chair/Division Head: [Signature] Date: 8/28/14
Registrar: [Signature] Date: 9/2/14
College Curriculum Chair: [Signature] Date: 9/9/14
Graduate Council Chair: [Signature] Date: 10/31/14

Form updated 10/2011
Request for Graduate Course Deletion-Page 2

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

Department:
Course Number and Title:
Rationale for deletion:
Final Term Offered:
Courses added (if any):

Department: School of Physical Therapy
Course Number and Title: PT 743 Medical Pathology in Physical Therapy III
Rationale for deletion: The course will no longer be needed since the content is being absorbed into the PT 783 Cardiopulmonary Rehabilitation course.
Final Term Offered: Summer 2014
Courses added (if any): NONE
# 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.

<table>
<thead>
<tr>
<th>College: College of Health</th>
<th>Dept/Division: School of Physical Therapy</th>
<th>Current Alpha Designator/Number: PT 744</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person: Dr. Neil A. Evans</td>
<td>Phone: (304)696-5617</td>
<td></td>
</tr>
</tbody>
</table>

## CURRENT COURSE DATA:

**Course Title:** Medical Pathology in Physical Therapy IV  
**Alpha Designator/Number:** PT 744  
**Title Abbreviation:** Med Path PT IV

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.

<table>
<thead>
<tr>
<th>Dept. Chair/Division Head</th>
<th>Date</th>
<th>Registrar</th>
<th>Date</th>
<th>College Curriculum Chair</th>
<th>Date</th>
<th>Graduate Council Chair</th>
<th>Date</th>
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<tbody>
<tr>
<td>[Signature]</td>
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<td>9/1/14</td>
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<td>9/9/14</td>
<td>[Signature]</td>
<td>10/31/14</td>
</tr>
</tbody>
</table>

Form updated 04/2012
Provide complete information regarding the course change for each topic listed below.

<table>
<thead>
<tr>
<th>Change in CATALOG TITLE:</th>
<th>☑ YES</th>
<th>☑ NO</th>
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<tbody>
<tr>
<td>From:</td>
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<tr>
<td>If Yes, Rationale</td>
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</tbody>
</table>

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<tr>
<th>Change in COURSE ALPHA DESIGNATOR:</th>
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<tr>
<td>From:</td>
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<tr>
<td>If Yes, Rationale</td>
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<tr>
<th>Change in COURSE NUMBER:</th>
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<tr>
<td>From:</td>
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<tr>
<td>If Yes, Rationale</td>
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</table>

<table>
<thead>
<tr>
<th>Change in COURSE GRADING</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: ☐ Grade</td>
</tr>
<tr>
<td>Rationale: NO</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Change in CATALOG DESCRIPTION:</th>
<th>☑ YES</th>
<th>☑ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: The focus of this 1 credit course is review of pathological conditions, medical management, and surgical considerations for the treatment of neurological disorders in patients treated by physical therapists.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To: This course reviews the functional neuroanatomy and neuropathology correlated with select neuropathological conditions or injury, focusing on etiology, epidemiology, medical/surgical considerations, neural substrates of cognitive, perceptual, and sensorimotor function in patients treated by physical therapists.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, Rationale: By merging PT 703 Neuroscience II course content (2 credits) into the PT 744 Medical Pathology in Physical Therapy IV course (1 credit) the catalog course description needs to change to reflect the addition of the material that has previously been taught in PT 703 course.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Change in COURSE CREDIT HOURS: ☑ YES ☐ NO If YES, fill in below:

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

From 1

To 3

Change in COURSE CONTENT: ☑ YES ☐ NO (May attach separate page if needed)

From See Attached Syllabus/Course Schedule

To See Attached Syllabus/Course Schedule

Rationale PT 703 Neuroscience II which was a 2 credit is being dissolved and content is being moved into PT 744 Medical Pathology in Physical Therapy IV. Therefore, the credits will need to be increased from 1 credit to 3 credits.
College: College of Health
Department: School of Physical Therapy

Course Number/Title PT 744 Medical Pathology in Physical Therapy IV

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.

   PT703: NEUROSCIENCE II

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
**Course Description Change**

<table>
<thead>
<tr>
<th>Department: School of Physical Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Course Number/Title: PT 744 Medical Pathology in Physical Therapy IV</td>
</tr>
<tr>
<td>New Course Title: PT 744 Medical Pathology in Physical Therapy IV</td>
</tr>
<tr>
<td>Rationale: We elected to merge PT 703 Neuroscience II course content (2 credits) into the PT 744 Medical Pathology in Physical Therapy IV course (1 credit) because the two courses covered similar content with regard to medical and physical therapy management of neuropathological disorders. Consolidating the two courses and placing them in the third semester of the plan of study will better prepare students for clinical internships and the subsequent neuro evaluation and intervention curriculum that will occur later on in the curriculum.</td>
</tr>
<tr>
<td>Course Description (old): The focus of this 1 credit course is review of pathological conditions, medical management, and surgical considerations for the treatment of neurological disorders in patients treated by physical therapists.</td>
</tr>
<tr>
<td>Course Description: (new): This course reviews the functional neuroanatomy and neuropathology correlated with select neuropathological conditions or injury, focusing on etiology, epidemiology, medical/surgical considerations, neural substrates of cognitive, perceptual, and sensorimotor function in patients treated by physical therapists.</td>
</tr>
<tr>
<td>Catalog Description: Same as above</td>
</tr>
<tr>
<td>Credit Hours: from 1 credit to 3 credits</td>
</tr>
</tbody>
</table>
Request for Graduate Course Deletion

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy (without signatures), to the Graduate Council Chair. If attachments included, merge into a single file.
3. The Graduate Council cannot process this application until it has received both the PDF copy and signed hard copy.
4. Additionally, attach a copy of your written notification and any response(s) regarding this course deletion to other Departments/Divisions which advise students to enroll in this course as a prerequisite, co-requisite, or as an approved elective.

College: College of Health Professions  Dept/Div: School of Physical Therapy

Contact Person: Dr. Neil Evans  Phone: 6-5617

Current Course Number and Title: PT 745 Medical Pathology in Physical Therapy V

Rationale for Course Deletion: The course content from this course is being proposed to move into the PT 784 Integumentary course. If the proposed changes are accepted then the course credit hours of PT 784 will increase by one from 2 to 3.

Final term and year this course is to be offered: Fall 20  Spring 2015  Summer 2015

Course being ADDED in place of this DELETION. NOTE: A course ADDITION request form is also required.

Course Number and Title:  Credit Hrs.

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

Dept. Chair/Division Head: [Signature]  Date: 9/2/14

Registrar: [Signature]  Date: 9/2/14

College Curriculum Chair: [Signature]  Date: 9/9/14

Graduate Council Chair: [Signature]  Date: 10/31/14

Form updated 10/2011
Department: School of Physical Therapy
Course Number and Title: PT 745 Medical Pathology in Physical Therapy V
Rationale for deletion: The course will no longer be needed since the course content is moving into PT 784 Integumentary.
Final Term Offered: Spring 2014
Courses added (if any): NONE
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: College of Health P  
Dept/Division: School of Physical Th  
Current Alpha Designator/Number: PT 783

Contact Person: Dr. Neil Evans  
Phone: 6-5617

CURRENT COURSE DATA:

Course Title: PT 783 Cardiopulmonary Rehabilitation

Alpha Designator/Number: PT 783

Title Abbreviation: Cardiopulmonary Rehab

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 8/28/14

Registrar  
Date 9/2/14

College Curriculum Chair  
Date 9/9/14

Graduate Council Chair  
Date 10/31/14

Form updated 04/2012
Provide complete information regarding the course change for each topic listed below.

**Change in CATALOG TITLE:**
- **From:** [Enter from information]
- **To:** [Enter to information]
- *(limited to 30 characters and spaces)*

If Yes, Rationale

**Change in COURSE ALPHA DESIGNATOR:**
- **From:** [Enter from information]
- **To:** [Enter to information]
- *(YES or NO)*

If Yes, Rationale

**Change in COURSE NUMBER:**
- *(YES or NO)*

If Yes, Rationale

**Change in COURSE GRADING**
- From [Enter from information]
- To [Enter to information]
- *(YES or NO)*

Rationale

**Change in CATALOG DESCRIPTION:**
- *(YES or NO)*

If YES, fill in below:

From

To

If Yes Rationale

Form updated 04/2012
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  (May attach separate page if needed)

From  Physical therapy aspects of management and care related to the cardiopulmonary system. See syllabus objectives for details

To  Pathology and medical conditions related to the cardiopulmonary systems that were taught in PT 743 will be integrated into PT 783 which previously only discussed physical therapy aspects of care and management.

Rationale  Retrospective review of PT 783 in comparison to PT 743 revealed academically related materials that would serve students better if presented in an integrated fashion. The proposed course material addresses pathology as the foundation and physical therapy management as an integrated topic. Additionally, it was determined that PT 783 was over-credited with 4 credits and could absorb the course content in PT 743 medical pathology in physical therapy III without increasing the credit hours.
College: College of Health P
Department: School of Physical Therapy

Course Number/Title: PT 783: Cardiopulmonary Rehabilitation

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.

PT 743 Medical Pathology in Physical Therapy III

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
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:

<table>
<thead>
<tr>
<th>COURSE DESCRIPTION CHANGE</th>
<th>COURSE NUMBER CHANGE</th>
<th>COURSE TITLE CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department: School of Physical Therapy</td>
<td>Department: School of Physical Therapy</td>
<td>Department: School of Physical Therapy</td>
</tr>
<tr>
<td>Course Number and Title: PT 783 Cardiopulmonary Rehabilitation</td>
<td>Current Course Number/Title: PT 783 Cardiopulmonary Rehabilitation</td>
<td>Current Course Number/Title: PT 783 Cardiopulmonary Rehabilitation</td>
</tr>
<tr>
<td>Rationale: Retrospective review of PT 783 in comparison to PT 743 revealed academically related materials that would serve students better if presented in an integrated fashion. The proposed course material addresses pathology as the foundation and physical therapy management as an integrated topic. Additionally, it was determined that PT 783 was over-credited with 4 credits and could absorb the course content in PT 743 medical pathology in physical therapy III without increasing the credit hours.</td>
<td>New Course Number:</td>
<td>New Course Title:</td>
</tr>
<tr>
<td>Course Description (old) Unchanged</td>
<td>Rationale:</td>
<td>Rationale:</td>
</tr>
<tr>
<td>Course Description: (new)</td>
<td>Catalog Description:</td>
<td>Catalog Description:</td>
</tr>
<tr>
<td>Catalog Description: An overview of cardiovascular and pulmonary systems pathologies, medical diagnosis and management and physical therapy diagnosis, examination, assessment and management of related physiological and movement dysfunctions.</td>
<td>Credit hours:</td>
<td></td>
</tr>
</tbody>
</table>
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: College of Health
Dept/Division: School of Physical Therapy
Current Alpha Designator/Number: PT 784
Contact Person: Dr. Neil Evans
Phone: 6-5617

CURRENT COURSE DATA:
Course Title: PT 784: Integumentary

Alpha Designator/Number: PT 784
Title Abbreviation: Integumentary

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
Registrar
College Curriculum Chair
Graduate Council Chair

Date 8/28/14
Date 9/12/14
Date 9/9/14
Date 10/31/14

Form updated 04/2012
Provide complete information regarding the course change for each topic listed below.

### Change in CATALOG TITLE:

- **From:** [Enter](limited to 30 characters and spaces)
- **To:** [Enter]
- **If Yes, Rationale:** [Enter]

### Change in COURSE ALPHA DESIGNATOR:

- **From:** [Enter]
- **To:** [Enter]
- **If Yes, Rationale:** [Enter]

### Change in COURSE NUMBER:

- **From:** [Enter]
- **To:** [Enter]
- **If Yes, Rationale:** [Enter]

### Change in COURSE GRADING

- **From:** [Grade]
- **To:** [Credit/No Credit]
- **Rationale:** [Enter]

### Change in CATALOG DESCRIPTION:

- **If Yes:** YES [Enter] NO [Enter]
- **If YES, fill in below:**

  - **From:** Lecture and laboratory practice to facilitate development of skills in physical therapy examination, assessment, and intervention directed toward prevention of integumentary dysfunction, restoration of integumentary health, and maximizing functional independence.
  
  - **To:** Review of structure, function, and applied pathophysiology of the integumentary system. Translate knowledge towards PT examination and management of common integumentary impairments with focus on prevention, restoration, and optimizing independence.

  - **If Yes:** PT 784 Integumentary will also contain content from the current course PT 745 Medical Pathology in Physical Therapy V (see below). Therefore, the catalogue description should change to more accurately reflect not only the examination and management but also the foundational concepts of pathophysiology of the integumentary system.

Form updated 04/2012
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 2
To 3

Change in COURSE CONTENT: ☒ YES ☐ NO
(May attach separate page if needed)

From
Current course content includes only examination, assessment and management objectives as related to the integumentary system.

To
Content of the pathophysiology of the integumentary system will be added to this course in addition to the current examination, assessment and management of integumentary systems.
Please see attached syllabi for details of the course objectives.

Rationale
The medical pathology of the integumentary system and the examination, assessment and management of the integumentary system have been taught in two separate courses. Content from PT 745 Medical Pathology in Physical Therapy V (1 credit) is being combined into this course. Therefore, the credit hours of the course needs to increase by one to accommodate the increase in content. By combining the pathophysiology with the treatment, and management it is thought that the material will be less fragmented for student retention and learning.
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.

PT 745 Medical Pathology in Physical Therapy V (1 credit hour)

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
### COURSE DESCRIPTION CHANGE

**Department:** School of Physical Therapy  
**Course Number and Title:** PT 784 Integumentary  
**Rationale:** Student and faculty perception of subject matter fragmentation will be eliminated with the proposed change to the courses. The overall plan of study credit hours will not be effected by this proposed change.  
**Course Description (old)**  
Lecture and laboratory practice to facilitate development of skills in physical therapy examination, assessment, and intervention directed toward prevention of integumentary dysfunction, restoration of integumentary health, and maximizing functional independence.  
**Course Description (new)**  
Review of structure, function, and applied pathophysiology of the integumentary system. Translate knowledge towards PT examination and management of common integumentary impairments with focus on prevention, restoration, and optimizing independence.  
**Catalog Description:**  
Review of structure, function, and applied pathophysiology of the integumentary system. Translate knowledge towards PT examination and management of common integumentary impairments with focus on prevention, restoration, and optimizing independence.  
**Course Credit Hours:** Increase from 2 to 3

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**Form updated 04/2012**  
Page 5 of 5
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: College of Health P
Dept/Division: School of Physical T
Current Alpha Designator/Number: PT 786

CURRENT COURSE DATA:

Course Title: Rehabilitation Considerations of Select Patient Populations I

Alpha Designator/Number: PT 786

Title Abbreviation: Rehab Cons of Sel Pat po

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 8/28/14
Registrar ___________________________ Date 9/2/14
College Curriculum Chair ___________________________ Date 9/9/14
Graduate Council Chair ___________________________ Date 10/31/14

Form updated 04/2012 Page 1 of 5
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: NO

**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 2

To 3

Change in COURSE CONTENT:  ☐ YES ☑ NO (May attach separate page if needed)

From

To

Rationale

Form updated 04/2012
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
COURSE NUMBER CHANGE
Department: School of Physical Therapy
Current Course Number/Title: PT 786 Rehabilitation Considerations for Select Patient Populations I
New Course Number: N/A
Rationale: After reviewing the course as taught last year it was determined that the course was under credited by one hour. The content covered in this course includes both Geriatric considerations and Pediatric considerations related to physical therapy and by adding one credit hour the material can be covered more comprehensively.
Catalog Description: Unchanged
Credit hours: From 2 to 3 credit hours
Request for Graduate Course Change

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. Email 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: COEPD  
Dept/Division: School Psychology  
Current Alpha Designator/Number: SPSY 751

Contact Person: Sandra Stroebel  
Phone: 6-2032

CURRENT COURSE DATA:

Course Title:

Alpha Designator/Number: SPSY 751

Title Abbreviation: Program Evaluation

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: Sandra L. Stroebel PhD  
Date: 8/27/14

Registrar:  
Date: 9/3/14  
Date: 9/10/14  
Date: 10/31/14

College Curriculum Chair:  
Graduate Council Chair: Tracy Christofero

Form updated 04/2012  
Page 1 of 5
Provide complete information regarding the course change for each topic listed below.

### Change in CATALOG TITLE:

<table>
<thead>
<tr>
<th>From</th>
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<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

To

If Yes, Rationale

### Change in COURSE ALPHA DESIGNATOR:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>111</td>
<td>11</td>
</tr>
</tbody>
</table>

If Yes, Rationale

### Change in COURSE NUMBER:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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</thead>
<tbody>
<tr>
<td>111</td>
<td>11</td>
</tr>
</tbody>
</table>

If Yes, Rationale

### Change in COURSE GRADING

From ☒  Grade  To ☒  Credit/No Credit

Rationale: Credit/No Credit is consistent with the grading of other capstone experiences and is a more accurate indication of performance.

### Change in CATALOG DESCRIPTION:

<table>
<thead>
<tr>
<th>From</th>
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<tbody>
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<td></td>
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</tbody>
</table>

To

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

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

From

To

Change in COURSE CONTENT: ☐ YES ☒ NO  (May attach separate page if needed)

From

To

Rationale
College: COEPD
Department: School Psychology

Course Number/Title SPSY 751

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.

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.

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.)
<table>
<thead>
<tr>
<th>COURSE DESCRIPTION CHANGE</th>
<th>COURSE NUMBER CHANGE</th>
<th>COURSE TITLE CHANGE</th>
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</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Department:</td>
<td>Department:</td>
</tr>
<tr>
<td>Course Number and Title:</td>
<td>Current Course Number/Title:</td>
<td>Current Course Number/Title:</td>
</tr>
<tr>
<td>Rationale:</td>
<td>New Course Number:</td>
<td>New Course Title:</td>
</tr>
<tr>
<td>Course Description (old)</td>
<td>Rationale:</td>
<td>Rationale:</td>
</tr>
<tr>
<td>Course Description: (new)</td>
<td>Catalog Description:</td>
<td>Catalog Description:</td>
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<tr>
<td>Catalog Description:</td>
<td>Credit hours:</td>
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</tbody>
</table>

Change in course grading

Department/Program: School Psychology
Course# and Title: SPSY 751
Rationale: Credit/No Credit is consistent with the grading of other capstone experiences and is a more accurate indication of performance.