

## 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: COEPDDept/Division: Curriculum & InstruCurrent Alpha Designator/Number: CI 797Contact Person: Bobbi NicholsonPhone: 6-2094

### CURRENT COURSE DATA:

Course Title:

Alpha Designator/Number:

C	I		7	9	7				
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Title Abbreviation:

D	i	s	s	e	r	t	a	t	i	o	n								
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 <u><i>Joni A. Heaton</i></u>	Date <u><i>8-22-14</i></u>
Registrar <u><i>Roberta Ferguson</i></u>	Date <u><i>9/2/14</i></u>
College Curriculum Chair <u><i>Lu Bl</i></u>	Date <u><i>9/10/14</i></u>
Graduate Council Chair <u><i>J Christofero</i></u>	Date <u><i>10/31/14</i></u>



## 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 (May attach separate page if needed)

From

To

Rationale

## Request for Graduate Course Change-Page 4

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College: COEPD

Department: Curriculum & Instruction

Course Number/Title CI 797: Dissertation 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.

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.)

## 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:

### CHANGE IN COURSE GRADING

Department/Program: Curriculum & Instruction  
Course # and Title CI 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.

## Request for Graduate Addition, Deletion, or Change of Area of Emphasis-Page 1

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.
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College: COEPD

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  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 <u>Yvonne A. Heaton</u>	Date <u>8-27-14</u>
Registrar <u>Roberta Ferguson</u>	Date <u>9/2/14</u>
College Curriculum Chair <u>Ron Bell</u>	Date <u>9/10/14</u>
College Dean _____	Date _____
Graduate Council Chair <u>Tracy Christofero</u>	Date <u>10/31/14</u>
Provost/VP Academic Affairs _____	Date _____
President _____	Date _____

## Request for Graduate Addition, Deletion, or Change of Area of Emphasis-Page 2

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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

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### 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)



## Request for Graduate Addition, Deletion, or Change of Area of Emphasis-Page 4

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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: 

L	S		7	6	5				
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Title Abbreviation: 

A	d	v	a	n	c	e	d		R	e	s	e	a	r	c	h				
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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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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 <u>M. D. L. by K</u>	Date <u>8-20-14</u>
Registrar <u>Roberta Ferguson</u>	Date <u>9/2/14</u>
College Curriculum Chair <u>Lu Bh</u>	Date <u>9/10/14</u>
Graduate Council Chair <u>T Christofero</u>	Date <u>10/31/14</u>



## 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 (May attach separate page if needed)

From

To

Rationale

## Request for Graduate Course Change-Page 4

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College: COEPD

Department: Leadership Studies

Course Number/Title LS 765: Advanced 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.

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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## Request for Graduate Course Change - Page 5

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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:

### 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: COEPDDept/Division: Leadership StudiesCurrent Alpha Designator/Number: LS 797Contact Person: Bobbi NicholsonPhone: 6-2094

### CURRENT COURSE DATA:

Course Title:

Alpha Designator/Number:

L	S		7	9	7				
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Title Abbreviation:

D	i	s	s	e	r	t	a	t	i	o	n	R	e	s	e	a	r	c	h			
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Dept. Chair/Division Head <u>M. D. G. L.</u>	Date <u>8-20-14</u>
Registrar <u>Roberta Ferguson</u>	Date <u>9/2/14</u>
College Curriculum Chair <u>Lin Suk</u>	Date <u>9/10/14</u>
Graduate Council Chair <u>Christofero</u>	Date <u>10/31/14</u>



## Request for Graduate Course Change - Page 2

College: COEPD

Department/Division: Leadership Studies

Alpha Designator/Number: LS 797

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 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

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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 (May attach separate page if needed)

From

To

Rationale

## Request for Graduate Course Change-Page 4

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College: COEPD

Department: Leadership Studies

Course Number/Title LS 797: Dissertation 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.

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.)

## Request for Graduate Course Change - Page 5

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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:

### 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.

## Request for Graduate Course Change

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College: Medicine/Graduate Dept/Division: Biochem. & Micro. Current Alpha Designator/Number: MCB 632Contact 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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4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

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

Dept. Chair/Division Head <u>Donald A. Primerano</u>	Date <u>09/03/2014</u>
Registrar <u>Roberta Ingrosso</u>	Date <u>9/10/14</u>
College Curriculum Chair <u>Joel L. Mu</u>	Date <u>9/4/14</u>
Graduate Council Chair <u>J Christofero</u>	Date <u>10/31/14</u>



## 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 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.

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

From

To

Rationale

## Request for Graduate Course Change-Page 4

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College: Medicine/Graduate

Department: Biochem. & Micro.

Course Number/Title MCB 632

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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

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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 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.



## Medical Microbiology II (MCB 632) Spring 2012 Schedule

Day	Time	Lecturer	Lecture Title
1/6	1-2pm	D. Shah	Blastomyces, Paracoccidioides, Pneumocystis carinii, Aspergillus
1/6	2-3pm	D. Shah	Histoplasma, Coccidioides, Zygomycetes
1/11	8-9am	T. Fenger	Adenovirus, Corona/SARS, Rhinovirus, Respiratory Syncytial Virus, Parainfluenza, Mumps
1/11	9-10am	W. Zeng	Influenza
1/12	10-11am	H. Yu	Acute Bacterial Infections
1/12	11-12pm	H. Yu	Chronic Bacterial Infections
1/13	9-10am	M. Lopez-Marti	Atypical pneumonia
1/23 (Monday)	8:30am start		Exam 1 (covers January 6-13 inclusive, 7 hours)
1/25	8-9am	H. Yu	Bloody diarrhea
1/25	9-10am	H. Yu	E. coli, Shigella, Salmonella, Yersinia, Campylobacter, C. difficile
1/25	10-11am	H. Yu	Helicobacter pylori
1/26	8-9am	H. Yu	Food poisoning
1/26	9-10am	H. Yu	Vibrio cholera, Staphylococcus aureus, Bacillus cereus
1/27 (Friday)	8:30am start		Exam 2 (covers January 25-26 inclusive)
1/30	8-9am	J. Walden	Schistosomiasis, Tapeworms, Hydatid Disease
1/30	9-10am	J. Walden	Neurocysticercosis, Lung Fluke, Liver Fluke
1/31	8-9am	J. Walden	Intestinal Protozoa (amebiasis; balantidium; giardiasis)
1/31	9-10am	J. Walden	Intestinal protozoa (Cryptosporidium, cyclospora; dientamoeba; blastocystis; isospora; microsporidiosis)
2/1	8-10am	T. Fenger	Reovirus, Calicivirus, and Enterovirus
2/2	8-10am	W. Zeng	Viral Hepatitis
2/13 (Monday)	8:30am start		Exam 3 (covers January 30-February 2 inclusive)
2/17	11-12pm	M. Lopez-Marti	Bacterial Zoonoses (leptospirosis, brucellosis, tularemia and plague) and infections after animal bites (Pasteurella, Eikenella, Capnocytophaga, etc.)
2/20	1-2pm	M. Lopez-Marti	Viral exanths
2/20	2-3pm	D. Primerano	Microbiology Subject Exam Preparation
2/21	9-10am	D. Shah	Superficial mycoses; Subcutaneous mycoses
2/21	1-3pm	M. Lopez-Marti	Vector Borne Bacteria
2/23	8-10am	H. Yu	Bacterial Skin Infections
2/23	10-12pm	D. Primerano	Micro Case Discussion
2/28	1-2pm	T. Fenger	Bioterrorism and Response
2/28	2-3pm	T. Fenger	Bioterrorism Movie

3/2 (Friday)	8:30am start		Exam 4 (covers February 17-28 inclusive)
3/5 to 3/9			Spring Break
3/14	8-11am	T. Fenger	Viral STDs, Human Papillomavirus, Herpes simplex I and II, HIV, Parvovirus, Congenital and Perinatal infections, CMV (Herpesviridae), Rubella, HSV
3/15	10-12pm	M. Lopez-Marti	Sexually-transmitted infections
3/16	10-12pm	M. Lopez-Marti, A. Kilgore	Microbiology Small Group Session on Sexually Transmitted Diseases
4/2 (Monday)	8:30am start		Exam 5 (covers March 14-16 inclusive)
April 26	8:30am	D. Primerano	NBME Micro Subject Exam (3 hour exam, 150 questions)

## Medical Microbiology II (MCB 632) Spring 2014 Schedule

Day	Time	Lecturer	Lecture Title
1/22	8-10am	A. Kilgore	Cardiac Infections
1/29	9-11am	C. Meadows III	Respiratory Infections, Pneumonias
1/29	11-12pm	D. Shah	Respiratory Fungal Infections
1/30	9-10am	W. Zeng	Respiratory Viral Infections I
1/30	10-11am	H. Yu	Respiratory Infections Cystic Fibrosis and Tuberculosis
1/31	1-2pm	T. Fenger	Respiratory Viral Infections II
1/31	2-2:30pm	D. Primerano	Preparing for the Micro+ Immuno Subject Exam
2/12 (Wednesday)	8:30 am start		Exam I (covers January 22-31 inclusive, 8 hours)
2/27	TBD	G. Lopez-Marti	Sexually-transmitted infections-independent learning- REVIEW SLIDES AND THEN ANSWER QUIZ
2/27	TBD	D. Primerano	STI Blackboard Quiz
2/27	8-10am	T. Fenger	Viral STDs, Human Papillomavirus, Herpes simplex I and II, HIV, Parvovirus, Congenital and Perinatal infections, CMV (Herpesviridae), Rubella, HSV
3/15 to 3/23			Spring Break
3/24	11-12:30pm	H. Yu	Helicobacter pylori
3/26	11-12pm	T. Fenger	Reovirus, Calicivirus, and Enterovirus
3/27	10-11am	H. Yu	Bloody Diarrhea E. coli, Shigella, Salmonella, Yersinia, Campylobacter, C. difficile
3/27	11-12pm	H. Yu	Food poisoning Vibrio cholera, Staph. Aureus, Bacillus cereus
April 4 Friday	8:30am	D. Primerano	Exam II (covers Feb 27 to March 27, 6.5 hours)
3/28	10-11am	J. Walden	Free Living Amebic Infections, Onchocerciasis (River Blindness), Bancroftian filariasis, Malayan filariasis Timorian filariasis, Loiasis, Dracunculiasis (Guinea-worm infection), Toxoplasmosis

3/28	11-12pm	J. Walden	Schistosomiasis T. saginata T. solium Cysticercosis Diphyllobothriasis (fish tapeworm) Hymenolepiasis Dipylidium caninum Echinococcosis
3-31	10-11am	J. Walden	Paragonimiasis Clonorchiasis/Opisthorchiasis Fascioliasis Fasciolopsiasis
3/31	11-12pm	J. Walden	Intestinal Protozoa, Amebiasis, Giardia lamblia, Trichomoniasis, Dientamoeba fragilis, Balantidium coli Cryptosporidium parvum, Isospora belli Cyclospora cayetanensis, Sarcocystosis, Microsporidia
4/10	11-12pm	W. Zeng	Viral Hepatitis 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
April 16 Wednesday	8:30am	D. Primerano	Exam 3 (covers March 28 to April 10, 5 hours)
May 2	8:30am	D. Primerano	NBME Micro Subject Exam (3 hour exam, 150 questions)

## 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/ 702

Contact Person: Dr. Neil A. Evans

Phone: 6-5617

### CURRENT COURSE DATA:

Course Title: PT 702 Neuroscience I

Alpha Designator/Number:


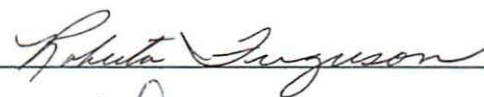
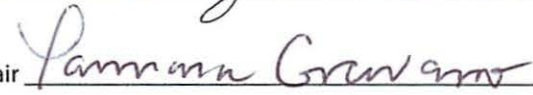
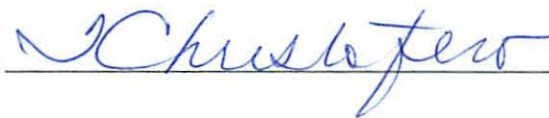
P T 7 0 2

Title Abbreviation:

N e u r o s c i e n c e 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 <u></u>	Date <u>8/28/14</u>
Registrar <u></u>	Date <u>9/2/14</u>
College Curriculum Chair <u></u>	Date <u>9/9/14</u>
Graduate Council Chair <u></u>	Date <u>10/31/14</u>



## 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    (May attach separate page if needed)

From

To

Rationale

## Request for Graduate Course Change-Page 4

---

College: College of Health P

Department: School of Physical Therapy

---

Course Number/Title PT 702 Neuroscience 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

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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 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 Dept/Div. Contact Person Phone Current Course Number and Title 

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  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



Date

8/28/14

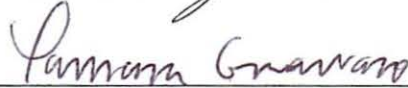
Registrar



Date

9/2/14

College Curriculum Chair



Date

9/9/14

Graduate Council Chair



Date

10/31/14

## Request for Graduate Course Deletion-Page 2

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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 703 Neuroscience II

Rationale for deletion: 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.

Final Term Offered: Spring 2014

Courses Added: NONE due to this change

## 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 Dept/Div. Contact Person Phone Current Course Number and Title 

Rationale for Course Deletion

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 Credit Hrs. 

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

Dept. Chair/Division Head *Henry C. Wolf*Date *8/28/14*Registrar *Rehuta Ferguson*Date *9/2/14*College Curriculum Chair *Summan Gravemo*Date *9/9/14*Graduate Council Chair *J Christofero*Date *10/31/14*

## Request for Graduate Course Deletion-Page 2

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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.**

College: College of Health <sup>P</sup><sub>+</sub> Dept/Division: School of Physical <sup>T</sup><sub>+</sub> Current Alpha Designator/Number: PT 744

Contact Person: Dr. Neil A. Evans

Phone: (304)696-5617

### CURRENT COURSE DATA:


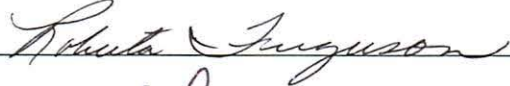
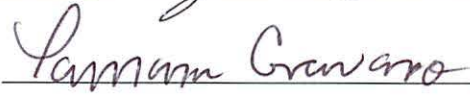

Course Title: Medical Pathology in Physical Therapy IV

Alpha Designator/Number: P T 7 4 4

Title Abbreviation: M e d P a t h P T I V

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

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

Dept. Chair/Division Head <u></u>	Date <u>8/28/14</u>
Registrar <u></u>	Date <u>9/2/14</u>
College Curriculum Chair <u></u>	Date <u>9/9/14</u>
Graduate Council Chair <u></u>	Date <u>10/31/14</u>

## Request for Graduate Course Change - Page 2

College: College of Health Professions Department/Division: School of Physical Therapy Alpha Designator/Number: PT744

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 

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.

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.

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.

## 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 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.



## Request for Graduate Course Change-Page 4

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College: College of Health P

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

## Request for Graduate Course Change - Page 5

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

**COURSE DESCRIPTION CHANGE**

Department:  
Course Number and Title:  
Rationale:  
Course Description (old)  
Course Description: (new)  
Catalog Description:

**COURSE NUMBER CHANGE**

Department:  
Current Course Number/Title:  
New Course Number:  
Rationale:  
Catalog Description:  
Credit hours:

**COURSE TITLE CHANGE**

Department:  
Current Course Number/Title:  
New Course Title:  
Rationale:  
Catalog Description:

**COURSE DESCRIPTION CHANGE**

Department: School of Physical Therapy

Course Number and Title: PT 744 Medical Pathology in Physical Therapy IV

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.

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.

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.

Catalog Description: Same as above

Credit Hours: from 1 credit to 3 credits

## 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 Dept/Div. Contact Person Phone Current Course Number and Title 

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 20  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



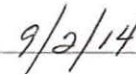
Date



Registrar



Date



College Curriculum Chair



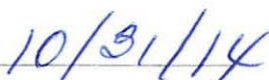
Date



Graduate Council Chair



Date



## Request for Graduate Course Deletion-Page 2

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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 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 <sup>P</sup> Dept/Division: School of Physical <sup>T</sup> 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: P T 7 8 3

Title Abbreviation: C a r d i o p u l m o n a r y R e h a b

*Cardiopulmonary in PT*

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 <i>Samuel Wood</i>	Date <i>8/28/14</i>
Registrar <i>Rhonda Ferguson</i>	Date <i>9/2/14</i>
College Curriculum Chair <i>Sumona Guranov</i>	Date <i>9/9/14</i>
Graduate Council Chair <i>T Christofero</i>	Date <i>10/31/14</i>

## Request for Graduate Course Change - Page 2

College: College of Health Professions Department/Division: School of Physical Therapy Alpha Designator/Number: PT 783

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

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.

## Request for Graduate Course Change-Page 4

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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



## Request for Graduate Course Change - Page 5

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

### COURSE DESCRIPTION CHANGE

Department:  
Course Number and Title:  
Rationale:  
Course Description (old)  
Course Description: (new)  
Catalog Description:

### COURSE NUMBER CHANGE

Department:  
Current Course Number/Title:  
New Course Number:  
Rationale:  
Catalog Description:  
Credit hours:

### COURSE TITLE CHANGE

Department:  
Current Course Number/Title:  
New Course Title:  
Rationale:  
Catalog Description:

### COURSE DESCRIPTION CHANGE

Department: School of Physical Therapy

Course Number and Title: PT 783 Cardiopulmonary Rehabilitation

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.

Course Description (old) Unchanged

Course Description: (new)

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.

## 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 784

Contact Person: Dr. Neil Evans

Phone: 6-5617

### CURRENT COURSE DATA:

Course Title: PT 784: Integumentary

Alpha Designator/Number: P T 7 8 4

Title Abbreviation: I n t e g u m e n t a r y

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

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

Dept. Chair/Division Head <u><i>Romy Christofero</i></u>	Date <u><i>8/28/14</i></u>
Registrar <u><i>Roberta Ferguson</i></u>	Date <u><i>9/2/14</i></u>
College Curriculum Chair <u><i>Lumina Gravano</i></u>	Date <u><i>9/9/14</i></u>
Graduate Council Chair <u><i>Christofero</i></u>	Date <u><i>10/31/14</i></u>



## 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 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.

## Request for Graduate Course Change-Page 4

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College: College of Health P

Department: School of Physical Therapy

Course Number/Title PT 784 Integumentary

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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.

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

## Request for Graduate Course Change - Page 5

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

### COURSE DESCRIPTION CHANGE

Department:  
Course Number and Title:  
Rationale:  
Course Description (old)  
Course Description: (new)  
Catalog Description:

### COURSE NUMBER CHANGE

Department:  
Current Course Number/Title:  
New Course Number:  
Rationale:  
Catalog Description:  
Credit hours:

### COURSE TITLE CHANGE

Department:  
Current Course Number/Title:  
New Course Title:  
Rationale:  
Catalog Description:

### COURSE DESCRIPTION CHANGE

Department: 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

### 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 786

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**CURRENT COURSE DATA:**

Course Title: Rehabilitation Considerations of Select Patient Populations I

Alpha Designator/Number: 

P	T		7	8	6				
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Title Abbreviation: 

R	e	h	a	b		C	o	n	s		o	f		S	e	l		P	a	t		p	o
---	---	---	---	---	--	---	---	---	---	--	---	---	--	---	---	---	--	---	---	---	--	---	---

*Rehab in Select Pops 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 <u><i>Penny O'Wood</i></u>	Date <u><i>8/28/14</i></u>
Registrar <u><i>Debra Ferguson</i></u>	Date <u><i>9/2/14</i></u>
College Curriculum Chair <u><i>Sammira Gravans</i></u>	Date <u><i>9/9/14</i></u>
Graduate Council Chair <u><i>J Christofero</i></u>	Date <u><i>10/31/14</i></u>





## 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 2

To 3

---

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

From

To

Rationale

## Request for Graduate Course Change-Page 4

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College: College of Health P

Department: School of Physical Therapy

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Course Number/Title PT 786

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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 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.

Catalogue 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. 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: School Psychology Current Alpha Designator/Number: SPSY 751

Contact Person: Sandra Stroebel Phone: 6-2032

**CURRENT COURSE DATA:**

Course Title:

Alpha Designator/Number: 

S	P	S	Y		7	5	1		
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Title Abbreviation: 

P	r	o	g	r	a	m		E	v	a	l	u	a	t	i	o	n						
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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.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (*must submit course deletion form*).
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

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

Dept. Chair/Division Head <u>Sandra S Stroebel PhD</u>	Date <u>8/27/14</u>
Registrar <u>Roberta Ferguson</u>	Date <u>9/2/14</u>
College Curriculum Chair <u>Lu B</u>	Date <u>9/10/14</u>
Graduate Council Chair <u>J Christofero</u>	Date <u>10/31/14</u>

## Request for Graduate Course Change - Page 2

College: COEPD

Department/Division: School Psychology

Alpha Designator/Number: SPSY 751

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

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 (May attach separate page if needed)

From

To

Rationale

## Request for Graduate Course Change-Page 4

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College: COEPD

Department: School Psychology

Course Number/Title SPSY 751

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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.

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.

## Request for Graduate Course Change - Page 5

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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:

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.