Course Change Request Form

1. Date: __10/25/13__________ Department: Health Sciences_____________

2. Purpose and nature of change: To assure adequate student preparation for course content, change prerequisites for RTH-2205 to read “RTH-1101, RTH-1102, and RTH-1112 with a grade of at least C in each” and add a co-requisite of RTH-2211.

3. Old Prefix: RTH Old Number: 2205 Old CIP:_______________
   New Prefix: ______________ New Number: ______________ New CIP:______________

4. Old Course Title: Respiratory Disease
   New Course Title: ________________________________________________________
   Abbreviated Title (for Master Schedule), Maximum 20 spaces
   __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

   Complete only items below being changed

5. Credits (Place number of credits beside appropriate type)
   OLD Credit(s) _____ Undergraduate
   NEW Credit(s) _____ Undergraduate
   OLD Credit(s) _____ Graduate
   NEW Credit(s) _____ Graduate
   For variable credits, list Minimum Credit _____ Maximum Credits _____

6. OLD Clock Hours: Lecture _____ Recitation _____ Lab _____
   NEW Clock Hours: Lecture _____ Recitation _____ Lab _____
   OLD Contract Hours: Lecture _____ Recitation _____ Lab _____
   NEW Contract Hours: Lecture _____ Recitation _____ Lab _____

7. To repeat for additional credit (not repeat of previously earned grade), list maximum hours of credit that may be earned over multiple semesters ______ semester hours.

8. Course Description for Catalog (limit to four sentences):

9. Prerequisites: (Courses which MUST be completed prior to taking this course): RTH-1101, RTH-1102, and RTH-1112 with a grade of at least C in each

10. Co-requisites: RTH-2211

11. If taught dual-level or cross-listed with another department, list:
    Prefix _____ Number _____ Support Signature ________________________________
    If dual-level, attach a document that indicates content, assignments and assessments for graduate and undergraduate courses.

12. List Student Learning Outcomes and describe evaluative techniques for this course in the attached syllabus.

13. New faculty resources needed? ____Yes ____ No

14. Requested date of offering (Must meet new catalog deadline of March 1) ______________

15. Estimated Frequency of Offering: ____________________________

16. List all programs that require this course.
17. New Library Resources Needed?  ____Yes   ____No, if yes:
   Signature of appropriate librarian indicating needs can be met:
   __________________________________________________________

18. New Technology Resources Needed?  ____Yes   ____No  If yes:
   Signature of Director of Information Technology indicating that needs can be met:
   __________________________________________________________

19. New Equipment resources needed?  ____Yes   ____No  If yes:
   Describe Equipment: _________________________________________
   Source of funding: __________________________________________

20. List 1 – 3 sample textbooks for this course:

21. Describe any student enrollment restrictions (limited to majors in program XXX, restricted from majors in program XXX, etc.)

22. Request that Course be considered for General Education Credit. Please check all applicable boxes.
   a.  ____ Satisfy a Group Requirement – specify Group ________
   b.  ____ Satisfy Global Awareness Requirement
   c.  ____ Satisfy Information Literacy Requirement
   d.  ____ Satisfy a “Professional Course” for Block 6
   Provide Support for this request.

23. Does this course impact any Education Programs?  ____ Yes   ____ No
   If Yes:  Signature of Chair of TEC must appear below.
24. Attach a topical outline.  N/A
25. Describe Evaluative Techniques.  N/A
26. Special Needs, if any:  N/A

Recommendation Dates and Signatures:

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<tr>
<th>Department</th>
<th>Signature</th>
<th>Date</th>
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<td>TEC (if any education program):</td>
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<td>Gen’l Education Subcomm. (if necessary):</td>
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<td>Graduate Council (if necessary):</td>
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<td>Academic Affairs Committee:</td>
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<td>President:</td>
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MU Form A41C – Effective 4/1/01