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-2212 to read “RTH-1111, RTH-2204, RTH-2205, and RTH-2211 with a grade of at least C in each”.

3. Old Prefix: RTH Old Number: 2212 Old CIP:_______________
   New Prefix: ________________ New Number: ________________ New CIP:______________

4. Old Course Title: Advanced Cardiopulmonary Care
   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 types)
   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-1111, RTH-2204, RTH-2205, and RTH-2211 with a grade of at least C in each

10. Co-requisites: N/A

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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<tbody>
<tr>
<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>University Senate:</td>
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<td>President:</td>
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MU Form A41C – Effective 4/1/01