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-2222 to read “RTH-1101, RTH-1102, RTH-1112, and RTH-2221 with a grade of at least C in each and health care provider BLS certification”.

3. Old Prefix: RTH Old Number: 2222 Old CIP: ______________
   New Prefix: ______________ New Number: ______________ New CIP: ______________

4. Old Course Title: Clinical Practicum II
   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-1101, RTH-1102, RTH-1112, and RTH-2221 with a grade of at least C in each and health care provider BLS certification”

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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<td>Department:</td>
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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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MU Form A41C – Effective 4/1/01