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-2223 to read “RTH-1111, RTH-2204, RTH-2205, RTH-2211, and RTH-2222 with a grade of at least C in each and health care provider BLS certification”.

3. Old Prefix: RTH  Old Number: 2223  Old CIP:_______________
   New Prefix: ________________  New Number: ________________  New CIP:_______________

4. Old Course Title: Clinical Practicum III
   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-2211, and RTH-2222 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