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| **For Administrative Use Only****PS Course ID #** | Request to Revise a Course |
| **College:**      | **Department:**      | Date:      |

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| **ORIGINAL COURSE INFORMATION****(Complete *All Sections Below*)** |
| **Department Prefix & Course Number:**       |
| **Course Title** *(Not to exceed 75 Characters)*:      |
| **Abbreviated Course Title** *(not to exceed 25 characters)*:       |
| **Semester/Term Change Effective:**       |
| **Faculty Responsible for the course:**       |
| **Original Course Description** *(Not to exceed 50 words):*      |
| **Credit Hours:**      or **Clock Hours:**       **If variable**: Min.     Max.     per semester |
| **Can this course be repeated?**: [ ]  No [ ]  Yes ***If yes please answer below:*** Maximum number of hours?:      Repeated during same semester?: [ ]  Yes [ ]  NoHow many times during a semester may the course be repeated?:     |
| **Prerequisites**:       |
| **Course is:**  [ ]  Required  [ ]  Elective  [ ]  Selective |

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| **REVISE COURSE INFORMATION*****(Complete only those sections that are to be changed)*** |
| **Department Prefix & Course Number:**       |
| **Course Title** *(Not to exceed 75 Characters)*:      |
| **Abbreviated Course Title** *(not to exceed 25 characters)*:       |
| **Semester/Term Change will Become Effective:**       |
| **Faculty Responsible for the course:**       |
| **Revised Course Description** *(Not to exceed 50 words)*:      |
| **Credit Hours:**     or **Clock Hours:**      **If variable**: Min.     Max.     per semester |
| **Can this course be repeated?**: [ ]  No [ ]  Yes ***If yes please answer below:*** Maximum number of hours?:     Repeated during same semester?: [ ]  Yes [ ]  NoHow many times during a semester may the course be repeated?:     |
| **Prerequisites**:       |
| **Course is:**  [ ]  Required  [ ]  Elective  [ ]  Selective |

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| **Cross Listed:** [ ]  No [ ]  Yes Please list cross listed course numbers:      Please list original controlling department:      **Multi-Level:** [ ]  No [ ]  Yes List other multi-level course numbers:       List original controlling department:      **A Course Form for each cross listed and/or multi-level course must be completed and submitted together as a packet. Definitions of cross listed and multi-level courses may be found at the end of this document.** |

**Term(s) or Semester(s)**: [ ]  Fall

 [ ]  Spring

 [ ]  Summer

**Normally Offered:** [ ]  Rotation

 [ ]  Intersession

**Class Type:**  [ ]  Lecture/Discussion

(check all that apply) [ ]  Laboratory

 [ ]  Independent Study

 [ ]  Clinical

 [ ]  Practicum

**Instruction Mode:** [ ]  Traditional

 [ ]  Web-enhanced (<50%))

 [ ]  Web-based (50% < 100%)

 [ ]  Online (100% Asynchronous)

**Class Size Per Semester**:

**Weeks per Semester/rotation:**

**Hours per week:**     Lecture/Discussion

     Laboratory

     Independent Study

     Clinical

     Practicum

**Year(s) in Program:**  [ ]  I [ ]  II

 [ ]  III [ ]  IV

**Evaluation methods:**[ ]  Exams

 [ ]  Papers

 [ ]  Presentations

 [ ]  Clinical Performance

 [ ]  Other

**Type of Grading:**  [ ]  Letter

***(A memo will suffice for temporary*** [ ]  S/U

***grading changes only- permanent*** [ ]  Pass/Fail/Honors

***changes require completed form)*** (MD Program Only)

**Cross Listed:** [ ]  No [ ]  Yes

Please list cross listed course numbers:

Please list original controlling department:

**Multi-Level:** [ ]  No [ ]  Yes

List other multi-level course numbers:

List original controlling department:

**A Course Form for each cross listed and/or multi-level course must be completed and submitted together as a packet. Definitions of cross listed and multi-level courses may be found at the end of this document.**

***Revisions being made only to items in this section may be done through a memo to the Registrar***

**Term(s) or Semester(s)**: [ ]  Fall

 [ ]  Spring

 [ ]  Summer

**Normally Offered:** [ ]  Rotation

 [ ]  Intersession

**Class Type:**  [ ]  Lecture/Discussion

(check all that apply) [ ]  Laboratory

 [ ]  Independent Study

 [ ]  Clinical

 [ ]  Practicum

**Instruction Mode:** [ ]  Traditional

 [ ]  Web-enhanced (<50%))

 [ ]  Web-based (50% < 100%)

 [ ]  Online (100% Asynchronous)

**Class Size Per Semester**:

**Weeks per Semester/rotation:**

**Hours per week:**      Lecture/Discussion

     Laboratory

     Independent Study

     Clinical

     Practicum

**Year(s) in Program:**  [ ]  I [ ]  II

 [ ]  III [ ]  IV

**Evaluation methods:** [ ]  Exams

 [ ]  Papers

 [ ]  Presentations

 [ ]  Clinical Performance

 [ ]  Other

**Type of Grading:**  [ ]  Letter

***(A memo will suffice for temporary*** [ ]  S/U

***grading changes only- permanent*** [ ]  Pass/Fail/Honors

***changes require completed form)*** (MD Program Only)

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| **Rationale for the change.:**      |
| **If this revision includes a change to the number of hours for a required course, please describe how this change will affect the overall program.**      **Please attach a copy of your current curriculum and proposed curriculum with this course addition.**[ ]  Current and proposed curriculum attached |
| **Attach a course syllabus and/or course outline. Please review the elements that are suggested for a syllabus at** <http://www.ouhsc.edu/admissions/SyllabusInstruct.htm>[ ]  Course syllabus attached |

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| **APPROVALS** |  | **Please Print or****Type Name Below** | **Signature** | **Date** |
| **Dept. Chairperson** |  |  | Date:       |
| **College Curriculum****Committee** *(if applicable)* |  |  | Date:       |
| **College Dean***(if applicable)* |  |  | Date:       |
| **Graduate Curriculum Review Committee** *(if applicable)* |  |  | Date:       |
| **Graduate Dean** *(if applicable)* |  |  | Date:       |
| **Academic** **Program Council** |  |  | Date:       |
| **Provost** *(for the President)* |  |  | Date:       |

**Instructions for Revising a Course**

1. Complete all sections above.
2. Obtain Signatures of appropriate college committees and deans.
3. Submit the signed original to the Academic Program Council Secretary, BSEB 200.

**Instructions on Revising a Cross-Listing a Course**

1. A cross-listed course must have identical names, credit/clock hours, course numbers, description, and requirements. Only the departmental prefix can be different.
2. The original Department “controls” the course and must agree to any proposed changes.
3. It is the responsibility of the department initiating a cross-listed course, to obtain and submit, along with its own request, a complete copy of this form for each of the cross-listed departments.

**Instructions on Multi-Level Courses**

Courses that are taught together to different levels of students (undergraduate, graduate, & professional) are considered ***Multi-Level*** ***Courses***. While these courses may have similar content, requirements, and outcomes, they must have different course numbers based on the level of student that will enroll in the course (4000 for undergraduate, 5000 & 6000 for graduate, and 7000, 8000, & 9000 for professional). Separate Academic Programs Council Forms must be submitted for each course and all numbers under which a course is to be multi-level must be indicated on the forms to add, revise, or drop a course. Each multi-level course should have its own syllabus specific to the level of student enrolling in that particular course.

Below are additional requirements for multi-level courses at different levels.

**Undergraduate Multi-Level Courses**

Undergraduate students may take an undergraduate 4000-level course in a department with graduate or professional students who take the same course under a different course number. While the lectures in an undergraduate multi-level course may be the same, students in the post baccalaureate graduate and professional courses should have substantial additional requirements beyond those for students at the undergraduate level.

**Graduate and Professional Multi-Level Courses**

Some courses may offer content that is appropriate for multiple post-baccalaureate graduate and professional degree programs; however, special consideration should be given to content for the different student audiences and the needs for their discipline. Adjustments to the content, requirements, and expected outcomes should be made to each course as necessary and a syllabus should be created for each multi-level course.

Professional students who have not received a bachelor’s degree may not enroll in multi-level post-baccalaureate courses until they have satisfied the requirements equivalent to a bachelor’s degree as determined by their academic program.

Students may not earn multiple credits for multi-level courses without approval of their college academic or advisory committee. For example, if a student takes a course at an undergraduate level, they may not take a multi-level course again for credit at a graduate level or professional level without prior approval from the appropriate academic or advisory committee.

**FOR FURTHER INFORMATION ON THE POLICIES AND PROCEDURES FOR**

**THE ACADEMIC PROGRAM COUNCIL, OR FOR ASSISTANCE**

**COMPLETING THIS FORM PLEASE CONTACT THE OFFICE OF**

**ADMISSIONS AND RECORDS:**

The University of Oklahoma Health Sciences Center

Office of Admissions and Records

P.O. Box 26901

941 Stanton L. Young Blvd., BSE 200

Oklahoma City, Oklahoma 73190-0001

Telephone: (405) 271-2359 extension 48901

Fax (405) 271-2480