

University of Toledo

MAY 08 2013

COLLEGE OF GRADUATE STUDIES

Existing Graduate Course Modification Form

Contact Person: Kristi Hayes Phone (XXX-XXXX): 419-383-5408
 Email: kristi.hayes@utoledo.edu

Present

College: Medicine
 Dept/Academic Unit: Physician Assistant
 Course Alpha/Numeric: PHYA 542
 Course title: Pathophysiology III
 Credit hours: Fixed 2 or Variable: to

Proposed

College: Medicine
 Dept/Academic Unit: Physician Assistant
 Course Alpha/Numeric: PHYA 5430
 Course title: Pathophysiology III
 Credit hours: Fixed 1 or Variable: to

Cross Listings:

Prerequisites(s) (if more than 50 characters, please place it in Catalog Description)

PHYA5400, PHYA5410

Co-requisites(s) (if more than 50 characters, please place it in Catalog Description)

Catalog Description (*only if changed*) 75 words max:

Date Added: 5-9-13
 Council Approved: 8-21-13
 To Provost: 8-23-13

Cross Listings:

Prerequisites(s) (if more than 50 characters, please place it in Catalog Description)

PHYA5400, PHYA5410

Co-requisites(s) (if more than 50 characters, please place it in Catalog Description)

Catalog Description (*only if changed*) 75 words max:

Has course content changed?

No

If yes, give a brief topical outline of the revised course below (less than 1500 words)

Large empty rectangular box for course content changes.

Proposed Effective Term	2013	40 (Fall)	List any course(s) to be deleted		Date	
					Date	

Attach new syllabus reflecting course modifications.
Attach additional documents if necessary.

Course Approval

Department Curriculum Authority		Date	
Department Chairperson	<i>Patricia A. Hogue, PhD PTC</i>	Date	
College Curriculum Authority or Chair	<i>[Signature]</i>	Date	5/1/13
College Dean	Dr. J. Gold - see below	Date	
Graduate Council	<i>[Signature]</i>	Date	8-21-2013
Dean of Graduate Studies	<i>[Signature]</i>	Date	8-21-2013
Office of the Provost	<i>[Signature]</i>	Date	5/1/13

For Administrative Use Only

Effective Date	
CIP Code	
Subsidy Taxonomy	
Program Code	
Instruction Level	