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APR 10 2012

The University Of Toledo

Existing Graduate Course Modification Form **COLLEGE OF GRADUATE STUDIES**

* denotes required fields

Contact Person*: Jenny Denyer Phone: 530-2472 (xxx-xxxx) Email: Jenny.Denyer Please input the correct Contact Person. Please input phone number in this format: xxx-xxxx. Please input the correct Email Address.

Present

Proposed

Information asked for in this column. (Supply core, research intensive information if applicable)

Fill in appropriate blanks only where entry differs from first column.

College: J Herb Edu, Hlt Sci, Human Ser

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Dept/Academic Unit: Curriculum and Instruction

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Course Alpha/Numeric*: CI - 6900 Please input 2-4 digit Subject Area. Please input the 4-digit numeric code for

Course Alpha/Numeric: CI - 6900 Please input the 4-digit numeric code for Item 3 Subject Area. Please input the 4-digit numeric code for

Course Title: Curriculum and instruction

Course Title: Master's research seminar in curriculum and instruction

Credit Hours: Fixed: or Variable: to

Credit Hours: Fixed: or Variable: 2 to 3

CrossListings:

Two empty input boxes for cross-listings.

To add a course, type in course ID and click the Insert button.

To remove a course, select the course on left and click the Remove button.

A large empty rectangular box for additional information or notes.

Prerequisite(s) (if longer than 50 characters, please place it in Catalog Description):

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add CI 6890

Corequisite(s) (if longer than 50 characters, please place it in Catalog Description):

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An empty input box for corequisite information.

Catalog Description (only if changed) 75 words max:

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characters are allowed in this box.

Maximum 1000 characters are allowed in this box.

Has course content changed? Yes No

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

box.

Maximum 1000 characters are allowed in this

Proposed effective term*: (e.g. 201140 for 2011 Fall) Please input the 6-digit numeric code for term.

Attach new syllabus reflecting course modifications*

File type not allowed.

Additional Attachment 1:

File type not allowed.

List any course or courses to be deleted.

Effective Date:
Effective Date:

Approval:

Department Curriculum Authority: Date

Department Chairperson: Date

College Curriculum Authority or Chair: Date

College Dean: Date

Graduate Council: Date

Dean of Graduate Studies: Date

Office of the Provost : Date

Administrative Use Only



Faint, illegible text, possibly bleed-through from the reverse side of the page.

Handwritten signatures or names in cursive script, appearing to be written on a set of lines.

Additional faint, illegible text at the bottom of the page, likely bleed-through.

[REDACTED] (YYYY/MM/DD)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]