

University of Toledo

Existing Graduate Course Modification Form

Contact Person Wendy Cochrane	Phone (XXX-XXXX) 530-2013		
Email Wendy.Cochrane@utoledo.edu			
Present	Proposed		
College JHC of Education, Health Science & Human Service	College		
Dept/Academic Unit School Psych, Legal Sp & Couns Ed	Dept/Academic Unit		
Course Alpha/Numeric SPSY 7180	Course Alpha/Numeric		
Course title Consultation II: School and Home Collaboration	Course title		
Credit hours: Fixed 3 or Variable: to	Credit hours: Fixed or Variable: to		
Cross Listings:	Cross Listings:		
Prerequisites(s) (if more than 50 characters, please place it in	Prerequisites(s) (if more than 50 characters, please place it in		
Catalog Description) Graduate level SPSY 5170 Minimum Grade of B or Graduate	Catalog Description) Graduate level		
level SPSY 7170 Minimum Grade of D-	Graduate level		
Co-requisites(s) (if more than 50 characters, please place it in Catalog Description)	Co-requisites(s) (if more than 50 characters, please place it in Catalog Description)		
Catalog Description (only if changed) 75 words max:	Catalog Description (only if changed) 75 words max:		
	RECEIVE		
	JAN 22 2013		
	COLLEGE OF GRADUATE-STUDIES		

Has course content changed?	If yes, give a brief topical outline of the revise	d course l	pelow (less than 1500 words)	
			i	
Proposed Effective Term 2013	10 (Summer) List any course(s)			
Proposed Effective Term [2013	to be deleted		Date	
			Date	
Attach new syllabus reflecting course modifications. Attach additional documents if necessary.				
Course Approval				
Department Curriculum Authority	Werdy Cochrane Hey Co	Date	11/9/12	
Department Chairperson	Mart Delchio	Date	11-13-2012	
College Curriculum Authority or Chair	Dale V. Su	Date	11/28/12	
College Dean	Sarlaram Benjan	Date	11.28.12	
Graduate Council	PIKKIN	Date	2-5-2013	
Dean of Graduate Studies		Date	2-5-2013	
Office of the Provost		Date		
For Administrative Use Only				
Effective Date				
CIP Code				
Subsidy Taxonomy				
Program Code				
Instruction Level	:			