Will this course impact program requirements?) Yes **®**o If yes, a

MAR 2 **0**2012

Level (check aner

The Oniversity Of Toledo	Undergraduate	COLLEG	E OF CO	mpleted.	lication must be	
NEW COURSE PROPOSAL	X) Graduate GHA	ADUATE!	STUDIE	3		
† denotes required fields	Type of course (check a	,,,	entropeste.		,,,,,,,	
L. College::Select a [College	Academic Skills Enl		Waiting Intens		□Honor: ○Social Science	
Medicine						
Department': (Select a Department	Multiculture			· ONon-US		
Jacobson Center for Clinical and Translational Research	Transfer module? Arts&Hum Engl Math Nal Sci & Phys Soc Sci (to be considered as core curriculum, question 18 must be completed)					
2. Contact Person*: Keith Crist	Phone: 383-3992	(XXX - XXX)	K) Email:	kelth.crist@u	toledo,edu	
3. Alpha Numeric Code (Subject area - number) ³ : Bl	IDI 520					
If this is a renumbering, please request an electronic or approval through the Register's Office at x4865, and a form. Remember to delete the old course ID in #13.		Administrativ	ve Use Only			
Prepresentation Readings in Biomarkers and Diagnostics		Code:				
Proposed effective term: Summer 2012		Approved (senate or Cirad Council)				
5 Planned enrollment per section: per ten	n: 2	Effective Date: / / (mm/dd/yyyy)				
6 Is the course cross-listed with another academic unit?	○Yes	CIP Code:				7001
Is the course offered at more than one level? Yes	⊚ No	Sub:	Progr		Level:	
If yes to either question, please list additional Alpha/N submit a separate New Course form or Course Modificourse(s) referenced below.						and the second s
а. b.	According to 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	C.		 Open to control designation of the control of the con	ant the state of t	
Approval of other academic unit (signature) Name and title					reflectively a consequence of the consequence of th	
If course is to be offered at more than one level, attach ar requirements are the same for each level, justification of	explanation of the different of the provided.	ent requirements	that students n	nust meet for ca	ch lovel. If the	
" Credit hours": Fixed: 1	o Variable:	10 (to annual to an	lo			
8. Delivery Mode: Printage	Secondary	Tert	tiary			
a. Activity Type Independent Study		•	*)	tchoices ar	e: Lecture, Recit	ation
b. Minimum Credit Hours			and the second control of	Seminar, Re	gular Lab, Open io, Field, Indepen	Lab.
Maximum Credit Hours		······································		Study, Wer	kshop, Computer truction, Other	WASH
c. Weekly Contact Hours	m		The III Paragonal Anno 1991	C. C. September 1995		

□ Fall □ Spring X Summer

Terms offered:

Are students permitted to register for more than	one section during a term?	O No Cyes		
May the courses be repeated for creditation	C Yes	Maximum H	ours	
11	1	2		
		 •		
Credit/No Credit		Satisfactory/Unsa	atisfactory (G only)	
Grade Only (A-F, 1	PR, I)	Audit only		
Audit only		CNo Grade		
~				
Co-requisites (must be taken together): a.	-	b. -	c.	
13.				
Course to be removed from inventory	Final Term to be	e offered (YYYYT, i.e. use 2	0064 for Fall'06)	
a	Rest from the total of the second consequence of the	The state of the s		
b				
				ing the state of t
				Ä.
Catalog description* (30 words Maximum)				
Review of selected research topics relat	ed to Biomarkers and th	neir application to diagnosis	. Student discussion w	ill be
moderated through the Blackboard cour	se management system	by the course director.		
Edits per KC - PR GCCC 4.16.12				

<i>x</i>
15. Attach an electronic copy of a complete outline of the major topics covered.
Syllabus: * Choose File No file chosen
Additional Attachment 1: Choose File No file chosen
Additional Attachmen 2: Choose File No file chosen
16 Where does this course fit in the University/College/Department curriculum? (Be specific by course level, if applicable). Indicate prospective
(
This is a required course in the Professional Science Masters program taken concurrently with the summer internship experience, using a DL format, following two semesters of didactic instruction.
demand.
A
17. N/A
If the proposed course is similar to another course in the College or University, please describe the difference and provide a rationale for the
duplication. (If this course duplicates material covered in another course within your department or college or in another college, attach a letter of endorsement from that area's dean and department chairperson indicating their support. Clarify the manner in which this course will differ).
o, it the course to intended to intest it omitstory. Ondergradatic core requirement, comprete the rottening and datable a course of the second are
template. Please explain how this course fulfills the general education guidelines. <u>Guidelines</u> are available in <u>Faculty Senate Websites</u>
Please explain now this course furnits the general education guidelines. <u>Outdetines</u> are available in <u>Pactury Senate website</u> .

Department Curriculum Authority:	Mis	Date (1/7/16	é.	a *
Department Chairnerson	Comment	Date:	* * *	* *
College Curriculum Authority: College Dean:	1250	Date /1/7///	J. Y	Ą
	Morey 94	Date 3.6.12	en 	š.

After college approval, submit the original signed form to the Faculty Senate (UH 3320) for undergraduate-level courses; for graduate-level courses submit the original signed form to the Graduate School (UH3240). For undergraduate/graduate dual-level courses, submit the proposals to each office.

Faculty	Senate	Undergrad.	Curriculum	Comm
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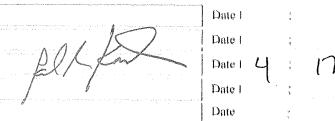
Faculty Senate Core Curriculum Comm.:

Graduate Council:

Course Approval:

Office of the Provost:

Registrar's Office:



Submit New Course Proposal

You will see a confirmation page after you press the "Submit" button. If you do not see the confirmation page, please call x 4320 or send an email to ProyostWebMaster.utoledo.edu. Thanks.