The University Of Toledo

Existing Course Modification Form

* denotes required fields

Please enter the changes below to each existing course. If changes are too extensive for this format, attach a page with all information.

College: Select College: Biomedical Sciences (Medicine)

Course Alpha/Numeric: BMSP 631/632

Contact Person: Dr. Randall Ruch

Present

Dept/Academic Unit: Select a Department: Biomedical Sciences Program

Proposed

Supply all information asked for in this column.
(Supply core and transfer module info if applicable.)

Course Title: Systems Pathophysiology I

Credit Hours: 3.0

CrossListings:

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.

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

Catalog Description (only if changed):

Univ Core: ○ Engi ○ Hum ○ Math ○ Sci ○ Soc Sci

□ US Culture ○ Non-US Culture

Transfer Module: ○ Arts & Humanity ○ Engi ○ Math

□ Social Science ○ Natural Science & Physics

Reason for change:

Redistribution of course content to make 631/632 and 632/632 equivalent

Has course content changed? ○ No ○ Yes

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

http://curriculumtracking.utoledo.edu/CourseMod.asp

10/29/2010
Has the course changed from a non-core curriculum course to a core curriculum course? No Yes. If so, explain how this course fulfills the core curriculum/general education guidelines in Faculty Senate Website and submit a course syllabus using the template:

List any course or courses to be dropped.

Department Curriculum Authority: ____________________________ Date Month / Day / Year
Department Chairperson: ____________________________ Date Month / Day / Year
College Curriculum Authority: ____________________________ Date Month / Day / Year
College Dean: ____________________________ Date Month / Day / Year

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 (UH 3240). For undergraduate/graduate dual-level courses, submit the proposals to each office.

UCCC or Graduate Council Curriculum Chair: ____________________________ Date Month / Day / Year
Faculty Senate Core Curriculum Committee Chair: ____________________________ Date Month / Day / Year
Office of the Provost: ____________________________ Date Month / Day / Year
Registrar’s Office: ____________________________ Date Month / Day / Year

Submit Course Modification

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 ProvostWebMaster.utoledo.edu. Thanks.

http://curriculumtracking.utoledo.edu/CourseMod.asp 10/29/2010