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*: Medicine

Course Alpha/Numeric*: BMS 632/832

Contact Person*: Dr. Randall Rich Phone: x4408

Dept/Academic Unit*: Biomedical Sciences Program

Credit Hours*: 2.0

Course Title*: Systems Pathophysiology II

Catalog Description (only if changed):

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

Present

Effective Date:__/__/____ (mm/dd/yyyy)

Subsidy (if changed):

Administrative Use Only

Date Received:__/__/____ (mm/dd/yyyy)

CIP Code (if changed):

Remox for change

Redistribution of course content to make 632/832 and 631/831 courses equitable

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).

Insert

Remove

Insert

Remove

Insert

Remove

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

10/29/2010
Or attach an electronic copy of outline:

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 (UH3240). 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