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*: Health Science & Human Service
Course Alpha/Numeric*: OCCT - 838

Contact Person*: Julie Jepsen Thomas
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Present

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

Course Title*: Capstone Fieldwork Practicum
Credit Hours*: 6

CrossListings:

Proposed

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

Course Title:
Capstone Practicum
Credit Hours: 6

CrossListings:

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

Catalog Description (only if changed):

□ US Culture □ Non-US Culture
□ Transfer Module: □ Arts & Humanity □ Engl □ Math
□ Social Science □ Natural Science & Physics

Reason for change*

To update terminology for consistency with newly published accreditation standards terminology.

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).

Or attach an electronic copy of outline:

(Choose File) no file selected

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. ____________________________ Effective Date: ________ / ________ / ________

**Approval:**

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.

**UUCC 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.