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*: PhyT 520
Contact Person*: Catherine Hornbeck
Phone: 530-6678

Present
Supply all information asked for in this column.
(Supply core and transfer module info if applicable.)
Course Title*: Health Promotion
Credit Hours*: 2.0
CrossListings:

Proposed
Fill in appropriate blanks only where entry differs from first column.
Course Title:
Health Promotion
Credit Hours: 2.0
CrossListings:

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

Catalog Description (only if changed):

Reason for changes:
See attached.

Has course content changed? ☐ No ☑ Yes
If course content is changed, give a brief topical outline of the revised course below (less than 150 words).

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

10/8/2010
Re-sequencing of courses within the professional curriculum necessitates course number change -- moving from Year 1 in the DPT Program to Year 2 in the sequence.
Recommendation: PhyT 610 to be consistent with curricular designation of foundational course in range of x00-x20, clinical skill courses x21-x80, and clinical education courses x95-x98

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. None

<table>
<thead>
<tr>
<th>Approval</th>
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<tbody>
<tr>
<td>Department Curriculum Authority:</td>
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<tr>
<td>Department Chairperson:</td>
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<tr>
<td>College Curriculum Authority:</td>
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<tr>
<td>College Dean:</td>
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</tbody>
</table>

After college approval, submit the original signed form to the Faculty Senate (UH 4320) 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 x4320 or send an email to ProvostWebMaster.utoledo.edu. Thanks.
University of Toledo
Department of Rehabilitation Sciences
Doctor of Physical Therapy Program

Existing Course Modification Form: Supplemental Information

Date: October 8, 2010

Course: PhyT 520 – Health Promotion

Requested Effective Date of Modification: Spring Semester 2011

Modification(s) Requested:

1) Course number to reflection re-sequencing of course within DPT curriculum: Year 1 to Year 2 – recommend PhyT 610
2) Semester offered: from Summer to Fall

Reason for Change: Re-sequencing of courses within curriculum based on pedagogical principles of Adult Learning:

1) to enhance the articulation among concurrent courses within a given semester;
2) to move from a 11-week, summer term to a full 15-week, fall term in order to facilitate the integration of foundational knowledge into clinical reason & clinical decision-making.