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 618
Contact Person*: Catherine Hornebeck Phone: 530-6678

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

Proposed
Insert
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.

Remove

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*
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 1500 words).

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

10/8/2010
Re-sequecing of courses within the professional curriculum necessitates course number change -- moving from Year 2 in the DPT Program to Year 1 in the sequence. Recommendation: PhyT 529 as the second of a 2-course series (1st course is PhyT 528)

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

Effective Date: 1/2/2011

Approval:

Department Curriculum Authority: ___________________ Date: 1/26/11

Department Chairperson: ___________________ Date: 1/26/11

College Curriculum Authority: ___________________ Date: 2/10/11

College Dean: ___________________ Date: 2/10/11

After college approval, submit the original signed form to the Faculty Senate (OH 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.
University of Toledo
Department of Rehabilitation Sciences
Doctor of Physical Therapy Program

Existing Course Modification Form: Supplemental Information

Date: October 8, 2010

Course: PhyT 628 – Therapeutic Interventions II

Requested Effective Date of Modification: Spring Semester 2011

Modification(s) Requested:

1) Course number to reflection re-sequencing of course within DPT curriculum: Year 2 to Year 1 – recommend PhyT 529 (to follow sequentially PhyT 528)
2) Semester offered: from Fall to Summer

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

1) to better prepare students for entry into second clinical educational experience (PhyT 586);