NEW COURSE PROPOSAL

* denotes required fields

1. College:*  --Select a College--  **MEDICINE**

Department:*  --Select a Department--  **NEWSCIENCE**

2. Contact Person:*  **Mary Johnson**

Phone:  **386-6115**  Email:  **Mary.Johnson@toledo.edu**

3. Alpha/Numeric Code (Subject area - number)*:
   If this is a renumbering, please request an electronic copy of the old course approval through the Registrar's Office at x4865, and attach it to #15 in this form. Remember to delete the old course ID in #13.
   Proposed title:  **Biochemistry**  Proposed effective term:  **Spring 2010**

4. Planned enrollment per section:  **5-8**  per term:  **5-8**

5. Is the course cross-listed with another academic unit?  ○ Yes  ○ No

6. Is the course offered at more than one level?  ○ Yes  ○ No
   If yes to either question, please list additional Alpha/Numeric codes, and submit a separate New Course form or Course Modification form for the course(s) referenced below:
   a.  
   b.  
   c.  
   Approval of other academic unit (signature)
   Name and title:
   If course is to be offered at more than one level, attach an explanation of the different requirements that students must meet for each level. If the requirements are the same for each level, justification must be provided.

7. Credit hours:*  
   Fixed:  **2**  or Variable:  

8. Delivery Mode:
   a. Activity Type:*  **LEC**
      --Select Type+  **WORKSHOP**
   b. Minimum Credit Hours  
   Maximum Credit Hours  
   c. Weekly Contact Hours  

9. Terms offered:
   ○ Fall  ○ Spring  ○ Summer

Years offered:
   ○ Every Year  ○ Alternate Years

Will this course impact program requirements?  ○ Yes  ○ No  If yes, a Program Modification must be completed.
10. Are students permitted to register for more than one section during a term? 
   ☑ No  ☐ Yes

   May the courses be repeated for credit?  ☐ No  ☑ Yes  □ Maximum Hours

11. Grading System:
   Undergraduate
   ○ Normal Grading (A-F, PS/NC, PR, I)
   ○ Passing Grade/No Credit (A-C, NC)
   ○ Credit/No Credit
   ○ Grade Only (A-F, PR, I)
   ○ Audit only
   ○ No Grade

   Graduate
   ○ Normal Grading (A-F, PS/NC, PR, I)
   ○ Grade Only (A-F)
   ○ Satisfactory/Unsatisfactory (G only)
   ○ Audit only
   ○ No Grade

12. Prerequisites (must be taken before):  a. □ b. □ c. □

   Co-requisites (must be taken together):  a. □ b. □ c. □

13. If course is to replace an existing, course(s) will be deleted, and when should that deletion occur?
   Course to be removed from inventory  Final Term to be offered (YYYYT, i.e. use 2006 for Fall06)
   a. □ b. □ c. □ d. □

14. Catalog description* (30 words maximum)

   SEE ATTACHED

15. Attach an electronic copy of a complete outline of the major topics covered.

   Syllabus:  * SEE ATTACHED

   Additional Attachment 1:  
   Additional Attachment 2:  

   Browse...

16. Where does this course fit in the University/College/Department curriculum? (Be specific by course level, if applicable). Indicate prospective demand.

   NEUROSCIENCE AND NEUROLOGICAL DISORDER TRACK IN THE GRADUATE MEDICAL SCIENCES CURRICULUM. ENROLLMENT IS EXPECTED TO BE 5-8 GRADUATE STUDENTS PER COURSE EVERY OTHER YEAR

17. If the proposed course is similar to another course in the College or University, please describe the difference and provide a rationale for the duplication. (If this course duplicates material covered in another course within your department or college or in another college, attach a letter of endorsement from that area's dean and department chairperson indicating their support. Clarify the manner in which this course will differ).

18. If the course is intended to meet a University Undergraduate Core requirement, complete the following and submit a course syllabus using the
template:
Please explain how this course fulfills the general education guidelines. (Guidelines are available in Faculty Senate Website)

<table>
<thead>
<tr>
<th>Course Approval:</th>
<th>Date</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<tbody>
<tr>
<td>Department Curriculum Authority:</td>
<td>Date</td>
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<td>Day</td>
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<td>Department Chairperson:</td>
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<td>College Curriculum Authority:</td>
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<tr>
<td>College Dean:</td>
<td>Date</td>
<td>Month</td>
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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.

| Faculty Senate Undergrad. Curriculum Comm.: | Date | Month | Day | Year |
| Faculty Senate Core Curriculum Comm.: | Date | Month | Day | Year |
| Graduate Council: | Date | Month | Day | Year |
| Office of the Provost: | Date | Month | Day | Year |
| Registrar's Office: | Date | Month | Day | Year |

Submit New Course Proposal

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.
Biochemical Neuropharmacology

Course Description:

The course will cover the biochemical mechanisms underlying the action of drugs on neurotransmitters in the peripheral and central nervous systems.
Biochemical Neuropharmacology

Syllabus

Objectives
To understand the pharmacology of the biochemical mechanisms of neurotransmission
To cover the general classes of neurotransmitters and neuromodulators
To gain experience with formal oral presentations.

Format
Didactic presentations by instructors and formal paper presentations/critiques by students on selected journal articles.

Grading
Class participation in discussion of paper
Oral presentation
Grant Proposal


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<tr>
<th>CLASS</th>
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<tbody>
<tr>
<td>1</td>
<td>Organization/Introduction</td>
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<td>2</td>
<td>Grant Writing</td>
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<td>3</td>
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<td>11</td>
<td>Peptides: CCK, Sub.P etc</td>
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<td>12</td>
<td>Grant Proposals due</td>
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