# Existing Graduate Course Modification Form

**University of Toledo**

**Present**

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Sheryl A. Milz, PhD, CIH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:sheryl.milz@utoledo.edu">sheryl.milz@utoledo.edu</a></td>
</tr>
<tr>
<td><strong>College</strong></td>
<td>Medicine</td>
</tr>
<tr>
<td><strong>Dept/Academic Unit</strong></td>
<td>Public Health and Preventive Medicine</td>
</tr>
<tr>
<td><strong>Course Alpha/Numeric</strong></td>
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<tr>
<td><strong>Course title</strong></td>
<td>Seminar in Public Health</td>
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<tr>
<td><strong>Credit hours:</strong></td>
<td>Fixed or Variable:</td>
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**Proposed**

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**Cross Listings:**

**Prerequisites(s) (if more than 50 characters, please place it in Catalog Description):**

**Co-requisites(s) (if more than 50 characters, please place it in Catalog Description):**

**Catalog Description (only if changed) 75 words max:**

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Has course content changed? No

If yes, give a brief topical outline of the revised course below (less than 1500 words)

Minimum hour change only.

Proposed Effective Term 2013 40 (Fall) List any course(s) to be deleted

Date

Date

Attach new syllabus reflecting course modifications.
Attach additional documents if necessary.

*Course is for MPH program which is under NOCPH.

Course Approval

Department Curriculum Authority

Department Chairperson

* NOCPH

College Curriculum Authority or Chair

College Dean

Graduate Council

Dean of Graduate Studies

Office of the Provost

Date 4-2-13

Date 4-2-13

Date 4-30-2013

For Administrative Use Only

Effective Date

CIP Code

Subsidy Taxonomy

Program Code

Instruction Level