The University Of Toledo

Existing Course Modification Form

Please enter the changes below to each existing course. If changes are too extensive for this format, attach a page with all information.

College: ARS  Dept/Academic Unit: ECON
Contact Person: Kevin Egan  Phone: 530-4148  Email: Kevin.Egan@utoledo.edu

Supply all information asked for in this column.
(Supply core and transfer module info if applicable.)
Course Alpha/Numeric: ECON - 5660
Course Title: PUBLIC FINANCE
Credit Hours: 3
CrossListings:

Prerequisite(s):

Catalog Description (only if changed):

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

Reason for change
This allows the instructor to present graduate students with more advanced technical and empirical analysis. Because this more advanced material will not be presented to the undergraduates in ECON 4660, this change will provide a structural difference between the requirements of these courses.

Has course content changed?  ☑ No  Yes
If so, give a brief topical outline of the revised course below.

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.
List any course or courses to be dropped. ___________________________ Effective Date: ___ / ___ / ___ (mm/dd/yyyy)

Approval:

Department Curriculum Authority: ___________________________ Date: ___ / ___ / ___ (mm/dd/yyyy)

Department Chairperson: ___________________________ Date: ___ / ___ / ___ (mm/dd/yyyy)

College Curriculum Authority: ___________________________ Date: ___ / ___ / ___ (mm/dd/yyyy)

College Dean: ___________________________ Date: ___ / ___ / ___ (mm/dd/yyyy)

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 (UH 3240). For undergraduate/graduate dual-level courses, submit the proposals to each office.

UUCC or Graduate Council Curriculum Chair: ___________________________ Date: ___ / ___ / ___ (mm/dd/yyyy)

Faculty Senate Core Curriculum Committee Chair: ___________________________ Date: ___ / ___ / ___ (mm/dd/yyyy)

Office of the Provost: ___________________________ Date: ___ / ___ / ___ (mm/dd/yyyy)

Registrar’s Office: ___________________________ Date: ___ / ___ / ___ (mm/dd/yyyy)