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: LLLS
Dept/Academic Unit: ECON
Contact Person: Kristen Keith
Phone: 530-2801
Email: kkeith@utoledo.edu

Present

Supply all information asked for in this column.

(Supply core and transfer module info if applicable.)

<table>
<thead>
<tr>
<th>Course Alpha/Numeric: ECON</th>
<th>Course Title: ECONOMETRICS II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit Hours: 3</td>
<td>CrossListings:</td>
</tr>
<tr>
<td>Prerequisite(s):</td>
<td>Catalog Description (only if changed):</td>
</tr>
</tbody>
</table>

Proposed

Fill in appropriate blanks only where entry differs from first column.

<table>
<thead>
<tr>
<th>Course Alpha/Numeric:</th>
<th>Course Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit Hours: 4</td>
<td>CrossListings:</td>
</tr>
<tr>
<td>Prerequisite(s):</td>
<td>Catalog Description (only if changed):</td>
</tr>
</tbody>
</table>

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 5820, this change will provide a structural difference between the requirements of these two (slashed) 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: 04/20/2011 (mm/dd/yyyy)

Department Chairperson: ____________________________

Date: 04/22/2011 (mm/dd/yyyy)

College Curriculum Authority: ____________________________

Date: 04/20/2011 (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 (UH1240). 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)

Approve Course Modification