Graduate Council Report

December 1, 2011

Course Withdrawals:

ARCH 677. Neuroscience and Architecture

FLOR 691. Research

FLOR 693. Professional Study
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
• Submit original form and attachments •

Form Instructions

1. Request submitted by (Department or Program Name): ARCHITECTURE

2. Course prefix, number and complete title of course: ARCH 677 - Neuroscience and Architecture

3. Change requested
   a. Prerequisite(s): From: ___________________________ To: ___________________________
   b. Withdrawal (reason): ___________________________ (Has not been taught in several years and does not fit in curriculum any longer)
   c. Cross-list with: ___________________________

   4. Change in course title and description. Enter complete current course title and current course description in item 5; enter proposed course title and proposed course description in item 6. Complete item 7 for change in title.

4. Change in course title and description: ___________________________

5. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 7. Attach a course syllabus.

6. Complete proposed course title and proposed catalog course description (not to exceed 50 words):

7. a. As currently in course inventory:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Title (excluding punctuation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARCH</td>
<td>677</td>
<td>Neuroscience &amp; ARCH</td>
</tr>
<tr>
<td>Lect.</td>
<td>Lab</td>
<td>SCH</td>
</tr>
<tr>
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</table>

   b. Change to:

<table>
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<tr>
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<td>0</td>
</tr>
</tbody>
</table>

   Approval recommended by:
   Ward V. Wells
   Department Head or Program Chair (Type Name & Sign) Date

   Department Head or Program Chair (Type Name & Sign) Date
   (if cross-listed course)

   Submitted to Coordinating Board by:
   Associate Director, Curricular Services Date
   Effective Date

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra-williams@tamu.edu.
Curricular Services – 02/11
Supporting Statement for ARCH 677 – Neuroscience and Architecture

WITHDRAW

Supporting Statement:
Has not been taught in several years and current descriptions is too specific to be taught in the Department of Architecture.
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
Submit original form and attachments •

1. Request submitted by (Department or Program Name): Department of Horticultural Sciences

2. Course prefix, number and complete title of course: FLOR 691 Research

3. Change requested
   a. Prerequisite(s): From: ____________________________ To: ____________________________
   b. Withdrawal (Reason): Course is no longer offered.
   c. Cross-list with: Cross-listed courses require the signature of both department heads.
   d. Change in course title and description. Enter complete current course title and current course description in item 5; enter proposed course title and proposed course description in item 6. Complete item 7 for change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 7. Attach a course syllabus.

4. For informational purposes only, please indicate course number if this course will be stacked:

5. Complete current course title and current catalog course description:

6. Complete proposed course title and proposed catalog course description (not to exceed 30 words):

7. a. As currently in course inventory:

<table>
<thead>
<tr>
<th>Prefix</th>
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<th>Title (excluding punctuation)</th>
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<td>691</td>
<td>RESEARCH</td>
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<th>Lab</th>
<th>SCH</th>
<th>CIP and Fund Code</th>
<th>Admin. Unit</th>
<th>EICE Code</th>
<th>Level</th>
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<tbody>
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<td>3</td>
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<td>0</td>
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<td>5</td>
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</table>

b. Change to:

<table>
<thead>
<tr>
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<th>Lect.</th>
<th>Lab</th>
<th>SCH</th>
<th>CIP and Fund Code</th>
<th>Admin. Unit</th>
<th>Acod. Year</th>
<th>EICE Code</th>
<th>Level</th>
</tr>
</thead>
</table>

Approval recommended by:

Dr. Leland S. Pierson  Department Head or Program Chair (Type Name & Sign)  Date

Department Head or Program Chair (Type Name & Sign) Date (if cross-listed course)

Submitted to Coordinating Board by:

Associate Director, Curricular Services  Date

Dr. David Reed  Chair, College Review Committee  Date

Dr. David Reed  Dean of College  Date

Mark Zoran  Chair, GC or UCC  Date

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra-williams@tamu.edu.
Curricular Services 02/11
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
Submit original form and attachments

1. Request submitted by (Department or Program Name): Department of Horticultural Sciences

2. Course prefix, number and complete title of course: FLOR 693 Professional Study

3. Change requested
   a. Prerequisite(s): From: ___________ To: ___________
   b. Withdrawal (Reason): Course is no longer offered.
   c. Cross-list with: ___

   Cross-listed courses require the signature of both department heads.

   d. Change in course title and description. Enter complete current course title and current course description in item 5; enter proposed course title and proposed course description in item 6. Complete item 7 for change in title.

   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 7. Attach a course syllabus.

4. For informational purposes only, please indicate course number if this course will be stacked: ___________

5. Complete current course title and current catalog course description:

6. Complete proposed course title and proposed catalog course description (not to exceed 50 words):

7. a. As currently in course inventory:
   Prefix  Course #  Title (excluding punctuation)
      FLOR  691  PROFESSIONAL STUDY
   Lect.  Lab  SCH  CIP and Fund Code  Admin. Unit  FICE Code  Level
      0  9  0  0  0  9  0  1  1  1  0  3  0  0  0  5  1  5  2  0  0  3  6  3  2  5

   b. Change to:
   Prefix  Course #  Title (excluding punctuation)
   Lect.  Lab  SCH  CIP and Fund Code  Admin. Unit  Acad. Year  FICE Code
   Approval recommended by:
   Leland S. Pierson, Department Head or Program Chair (Type Name & Sign) Date
   Department Head or Program Chair (Type Name & Sign) Date
   (if cross-listed course)
   Submitted to Coordinating Board by:
   Associate Director, Curricular Services

   Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu
   Curricular Services – 02/11