

Course Changes

Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional

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MAR 17 2015

GRADUATE STUDIES

Form Instructions

1. Course request type: Undergraduate Graduate First Professional (DDS, MD, JD, PharmD, DVM)
2. Request submitted by (Department or Program Name): School of Public Health Epidemiology and Biostatistics
3. Course prefix, number and complete title of course: PHEB 690 Epidemiologic Proposal Development

Attach a brief supporting statement for changes made to items 3a thru 4d, and 10 below.

4. Change requested
 - a. Prerequisite(s): From: _____ To: _____
 - b. Withdrawal (reason): No longer required. No enrollment for several years.
 - 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 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
- e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.
5. Is this an existing core curriculum course? Yes No
6. If grade type is changing for existing course, indicate the new grade type: Grade S/U P/F (CLMD)
7. If this course will be stacked, please indicate the course number of the stacked course: _____
 I verify that I have reviewed the FAQ for *Export Control Basics for Distance Education* (<http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education>).

9. Complete current course title and current catalog course description:
 This course describes the components of a National Institutes of Health grant application, including the scientific, budgetary and human subjects aspects of the proposal. Students develop an epidemiologic research proposal utilizing these guidelines. In a mock study section, the students also serve as reviewers for colleagues' proposals.

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

11. a. As currently in course inventory:

| Prefix | Course # | Title (excluding punctuation) | | | | | | | | | | |
|--------|----------|-------------------------------|------|-------------------|-------------|-----------|---|---|---|---|-------|--|
| PHEB | 690 | Epidemiologic Proposal Devpt | | | | | | | | | | |
| Lect. | Lab | Other | SCII | CIP and Fund Code | Admin. Unit | FICE Code | | | | | Level | |
| 3.00 | | | | | 1076 | 0 | 0 | 3 | 6 | 3 | 2 | |

b. Change to:

| Prefix | Course # | Title (excluding punctuation) | | | | | | | | | | | |
|--------|----------|-------------------------------|------|-------------------|-------------|------------|-----------|---|---|---|---|-------|--|
| | | | | | | | | | | | | | |
| Lect. | Lab | Other | SCII | CIP and Fund Code | Admin. Unit | Acad. Year | FICE Code | | | | | Level | |
| | | | | | | - | 0 | 0 | 3 | 6 | 3 | 2 | |

Approval recommended by:
Dennis M. Gorman *[Signature]*
 Department Head or Program Chair (Type Name & Sign) Date

[Signature]
 Chair, College Review Committee Date 3/2/15

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

[Signature]
 Dean of College Date 3/2/15

Submitted to Coordinating Board by:

[Signature]
 Chair, GO or UCC Date 4-17-15

Associate Director, Curricular Services

Date Effective Date



Texas A&M University
Departmental Request for a Change in Course
Undergraduate ♦ Graduate ♦ Professional

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Form Instructions

1. Course request type: Undergraduate Graduate First Professional (DPS, MD, JD, PharmD, DDM)
2. Request submitted by (Department or Program Name): School of Public Health
3. Course prefix, number and complete title of course: SOPH 690 Thesis Development

Attach a brief supporting statement for changes made to items 4a through 4d, and 10 below.

4. Change requested
- a. Prerequisite(s): From: _____ To: _____
- b. Withdrawal (reason): no longer required; no enrollment for several years
- 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 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
- e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.
5. Is this an existing core curriculum course? Yes No
6. If grade type is changing for existing course, indicate the new grade type: Grade S/U P/F (CLMD)
7. If this course will be stacked, please indicate the course number of the stacked course: _____
- I verify that I have reviewed the FAQ for *Export Control Basics for Distance Education* (<http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education>).
9. Complete current course title and current catalog course description:

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

11. a. As currently in course inventory:

| Prefix | Course # | Title (excluding punctuation) | | | | | | | | | | |
|--------|----------|-------------------------------|------|-------------------|-------------|-----------|---|---|---|---|---|-------|
| SOPH | 690 | Thesis Development | | | | | | | | | | |
| Lect. | Lab | Other | SCH | CIP and Fund Code | Admin. Unit | FICE Code | | | | | | Level |
| 3.00 | 0.00 | | 3.00 | 512201 | 2425 | 0 | 0 | 3 | 6 | 3 | 2 | |

- b. Change to:

| Prefix | Course # | Title (excluding punctuation) | | | | | | | | | | | | | | |
|--------|----------|-------------------------------|-----|-------------------|-------------|------------|---|--|--|---|---|-----------|-------|---|---|--|
| | | | | | | | | | | | | | | | | |
| Lect. | Lab | Other | SCH | CIP and Fund Code | Admin. Unit | Acad. Year | | | | | | FICE Code | Level | | | |
| | | | | | | | - | | | 0 | 0 | 3 | 6 | 3 | 2 | |

Approval recommended by:

Antonio Rene, Ph.D. [Signature] 2/11/12
 Department Head or Program Chair (Type Name & Sign) Date

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

[Signature] 2/11/15
 Chair, College Review Committee Date

[Signature] 3/2/15
 Dean of College Date

[Signature] 4-17-15
 Chair, GC of UCC Date

Submitted to Coordinating Board by:

Associate Director, Curricular Services

Date

Effective Date