

Course Changes

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

RECEIVED
 JUN 18 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
3. Course prefix, number and complete title of course: HPCH 695 Doctoral Capstone
- Attach a brief supporting statement for changes made to items 4a thru 4d, and 10 below.
4. Change requested
- a. Prerequisite(s): From: _____ To: _____
- b. Withdrawal (reason): _____
- 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: Doctoral Capstone. Credit 3 to 9. Doctoral Dissertation or equivalent project(s). Satisfactory/Unsatisfactory grade option only. May be repeated for credit. Prerequisite: Approval of instructor.

10. Complete proposed course title and proposed catalog course description (not to exceed 50 words): Doctoral Capstone. Credit 3 to 9. Doctoral Dissertation or equivalent project(s). Satisfactory/Unsatisfactory grade option only. May be repeated for credit. Prerequisite: Approval of instructor.

11. a. As currently in course inventory:

Prefix	Course #	Title (excluding punctuation)	Lect.	Lab	Other	SCHE	CIP and Fund Code	Admin. Unit	ECE Code			Level			
HPCH	695	DOCTORAL CAPSTONE					512212	1418	0	0	3	6	3	2	

b. Change to:

Prefix	Course #	Title (excluding punctuation)	Lect.	Lab	Other	SCHE	CIP and Fund Code	Admin. Unit	Acad. Year			ECE Code			Level			
HPCH	791	DOCTORAL CAPSTONE					512212	1418		-		0	0	3	6	3	2	

Approval recommended by:

Yan Alicia Hong, PhD, MS [Signature] 6/15/15
 Department Head or Program Chair (Type Name & Sign) Date
 Chair, College Review Committee

Department Head or Program Chair (Type Name & Sign) Date
 (if cross-listed course) [Signature] 6/17/15
 Dean of College

Submitted to Coordinating Board by: [Signature] 7-22-15
 Chair, CC or UCC Mark S. Zoran Date

Associate Director, Curricular Services

Date

Effective Date



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 2. Request submitted by (Department or Program Name): School of Public Health
 3. Course prefix, number and complete title of course: PHEB 695 Doctoral Capstone

Attach a brief supporting statement for changes made to items 4a thru 4d, and 11 below.

4. Change requested
- a. Prerequisite(s): From: _____ To: _____
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9. Complete current course title and current catalog course description: Doctoral Capstone. Credit 3 to 9. Doctoral Dissertation or equivalent project(s). Satisfactory/Unsatisfactory grade option only.

10. Complete proposed course title and proposed catalog course description (not to exceed 50 words): Doctoral Capstone. Credit 3 to 9. Doctoral Dissertation or equivalent project(s). Satisfactory/Unsatisfactory grade option only.

11. a. As currently in course inventory:

Prefix	Course #	Title (excluding punctuation)	Lect.	Lab	Other	SCH	CIP and Fund Code	Admin. Unit	ECE Code					Level	
PHEB	695	DOCTORAL CAPSTONE					261309	1076	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	ECE Code					Level	
PHEB	791	DOCTORAL CAPSTONE					261309	1076	-	0	0	3	6	3	2	

Approval recommended by:

Dennis Gorman, PhD [Signature] 06/05/15 Thomas McDonald 6/12/15
 Department Head or Program Chair (Type Name & Sign) Date Chair, College Review Committee Date

[Signature] 6/17/15
 Department Head or Program Chair (Type Name & Sign) Date Dean of College Date

Submitted to Coordinating Board by: [Signature] 7-22-15
 Chair, GS or UCC Date

Associate Director, Curricular Services Date Effective Date



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 2. Request submitted by (Department or Program Name): School of Public Health
 3. Course prefix, number and complete title of course: PHEO 695 Doctoral Capstone

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4. Change requested
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- b. Withdrawal (reason): _____
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- 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: Doctoral Capstone. Credit 1 to 9. Research for doctoral dissertation. Course may be repeated for credit. Satisfactory/Unsatisfactory grade option only. Prerequisites: Approval of student's academic advisor and department head.

10. Complete proposed course title and proposed catalog course description (not to exceed 50 words): Doctoral Capstone. Credit 1 to 9. Research for doctoral dissertation. Course may be repeated for credit. Satisfactory/Unsatisfactory grade option only. Prerequisites: Approval of student's academic advisor and department head.

11. a. As currently in course inventory:

Prefix	Course #	Title (excluding punctuation)										
PHEO	695	DOCTORAL CAPSTONE										
Lect.	Lab	Other	SC II	CIP and Fund Code	Admin. Unit	ECE Code					Level	
				512201	1057	0	0	3	6	3	2	

- b. Change to:

Prefix	Course #	Title (excluding punctuation)													
PHEO	791	DOCTORAL CAPSTONE													
Lect.	Lab	Other	SC II	CIP and Fund Code	Admin. Unit	Acad. Year					ECE Code				
				512201	1057		-			0	0	3	6	3	2
											Level				

Approval recommended by:

Virender Sharma, PhD 6/4/2015
 Department Head or Program Chair (Type Name & Sign) Date

Thomas McDonald 6/15/15
 Chair, College Review Committee Date

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

[Signature] 6/17/15
 Dean of College Date

Submitted to Coordinating Board by:

[Signature] 7-22-15
 Chair, GC or NCC Date

Associate Director, Curricular Services

Date Effective Date



Texas A&M University
Departmental Request for a Change in Course
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Form Instructions

1. Course request type: Undergraduate Graduate First Professional (DDS, MD, JD, PharmD, DPM)
 2. Request submitted by (Department or Program Name): School of Public Health
 3. Course prefix, number and complete title of course: PHPM 695 Doctoral Capstone
- Attach a brief supporting statement for changes made to items 4a thru 4d, and 10 below.
4. Change requested
 - a. Prerequisite(s): From: _____ To: _____
 - b. Withdrawal (reason): _____
 - c. Cross-list with: _____

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10. Complete proposed course title and proposed catalog course description (not to exceed 50 words): Doctoral Capstone. Credit 1 to 9. Doctoral dissertation or equivalent project(s). Satisfactory/Unsatisfactory grade option only. May be repeated for credit. Prerequisite: Approval of instructor.

11. a. As currently in course inventory:

Prefix	Course #	Title (excluding punctuation)										
PHPM	695	DOCTORAL CAPSTONE										
Lect.	Lab	Other	SCH	CIP and Fund Code	Admin. Unit	FICE Code						Level
				510701	1431	0	0	3	6	3	2	

b. Change to:

Prefix	Course #	Title (excluding punctuation)										
PHPM	791	DOCTORAL CAPSTONE										
Lect.	Lab	Other	SCH	CIP and Fund Code	Admin. Unit	Acad. Year	FICE Code					
				510701	1431	-	0	0	3	6	3	2

Approval recommended by:

<p>Dr. Michael A. Morrissey 6/4/15 Department Head or Program Chair (Type Name & Sign) Date</p>	<p>Thomas McDermid 6/17/15 Chair, College Review Committee Date</p> <p> 6/17/15 Dean of College Date</p> <p> 7-22-15 Chair, GC or UCC Date</p>
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Submitted to Coordinating Board by: _____ Date _____

Associate Director, Curricular Services _____ Date _____

Effective Date _____