APPLICATION TO DROP A COURSE

1.Submitted by the College of Health Sciences Date: 6/15/02
   Department/Division offering course: Rehabilitation Sciences/Communication Disorders

2. Prefix & number: CD 656 Title: Clinical Practicum in Diagnostic Procedures in Speech-Language Pathology
   Credits: 1

3. Effective Date: Summer, 2003 (semester & year)

4. Why is this course to be dropped?
   The entire Communication Disorders curriculum, undergraduate and graduate, is being revised. Experiences in this course will be folded into a revised course: CD 657 – Clinical Practicum in Speech-Language Pathology. This change will allow for greater flexibility in providing clinical experiences. Please see summary documentation for details of the revision.

5. Will dropping this course change the degree requirements in one or more programs?* Yes
   If yes, explain the change(s) below.
   This course will no longer be required for a master's degree in Communication Disorders. The undergraduate and graduate program revisions are being submitted concurrently and both involve significant changes. Please refer to the summary documentation for details.

6. Has the course been taken by a significant number of students in other departments/colleges? No
   a. If yes, list the college(s) or department(s) from which student enrollment in this course has come, if known. N/A
   b. What provision has been made for meeting the needs of these students? N/A

7. Is this course in current use in any of the Community Colleges? No
   If so, please submit evidence (e.g., correspondence) that the Community College System has been consulted. N/A

8. Is this course currently included in the University Studies Program? No

9. Within the department, who should be contacted for further information about this proposal?
   Donna S. Morris, M.A. @ 257-6278 or Jodelle F. Deem, Ph.D. @ 257-7923

*Note: Approval of this change will constitute approval of the program change unless other program modifications proposed.
Signatures of Approval:

[Signature]
Department Chair

[Signature]
Dean of the College

Date

[Signature]
Date

Date of Notice to the Faculty

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**Undergraduate Council

Date

**Graduate Council

Date

**Academic Council for the Medical Center

Date

**Senate Council

Date of Notice to University Senate

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**If applicable, as provided by the Rules of the University Senate.

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ACTION OTHER THAN APPROVAL

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