APPLICATION FOR NEW COURSE

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

2. Proposed designation and Bulletin description of this course:
   a. Prefix and Number CD 748
   b. Title Master's Thesis Research
      NOTE: if the title is longer than 24 characters (including spaces), write a
      Sensible title (not exceeding 24 characters) for use on transcripts
   c. Lecture/Discussion hours per week 0
   d. Laboratory hours per week 0
   e. Studio hours per week 0
   f. Credits 0
   g. Course Description:
      Half-time to full-time work on thesis. May be repeated to a maximum of six semesters.
   h. Prerequisites (if any): All coursework toward the master's degree must be completed
      (i) May be repeated to a maximum of 6 semesters (if applicable)

4. To be cross-listed as: N/A N/A
   Prefix & No.
   Signature, Chairman, cross-listing department

5. Effective Date: Summer 2003 (semester and year)

6. Course to be offered (a) XX (b) XX (c) XX
   Fall Spring Summer

7. Will the course be offered each year? Yes
   (Explain if not annually):

8. Why is this course needed:
   This course is part of a complete curriculum revision for the Communication Disorders Division
   The Division is developing a thesis option for its master's students. This course will provide a
   vehicle for thesis registration for students who have completed all the coursework requirements
   for the degree and are still working on the thesis.

9. a. By whom will the course be taught? Communication Disorders Faculty
   b. Are facilities for teaching the course now available? Yes
      If not, what plans have been made for providing them?

10. What enrollment may be reasonably anticipated? 5-8

11. Will this course serve students in the Department primarily? Yes
    Will it be of service to a significant number of students outside the Department? No
    If so, explain
    Will the course serve as a University Studies Program course? No
If yes, under what Area? N/A

12. Check the category most applicable to this course:
   XX traditional; offered in corresponding departments elsewhere;
   _ relatively new, now being widely established
   _ not yet to be found in many (or any) other universities

13. Is this course part of a proposed new program? _No_
   If yes, which? _N/A_

14. Will adding this course change the degree requirements in one or more programs? _Yes_ _No_
   If yes, explain the change(s) below:

   This course is part of a major curriculum revision proposal for the undergraduate and graduate programs in Communication Disorders. The course will be available for those who select a thesis option. A complete proposal is being submitted concurrently.

15. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.

   This course represents registration for students who have completed all of the coursework requirements for the master's degree in Communication Disorders, but who are still completing the thesis. As such, there is no standard reading reference list available. The major teaching objectives are as follows:

   1. The student will identify and develop a research question.
   2. The student will develop and defend a research proposal.
   3. The student will prepare an IRB proposal for completion of the proposed research study.
   4. The student will conduct the proposed research study.
   5. The student will analyze the results of the proposed research study.
   6. The student will complete a written report of the completed research.
   7. The student will defend the research proposal before the advisory committee.

   The major outcome of the course is that the student will write and defend a thesis.

16. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted. _N/A_

17. Within the Department, who should be contacted for further information about the proposed course?

   Name _Jodelle Deem_    Phone _257-7923_

   *NOTE: Approval of this course will constitute approval of the program change unless other program modifications are proposed.*
APPLICATION FOR NEW COURSE

Signatures of Approval:

Judith Page
Department Chair

Sharon R. Stewart
Dean of the College

9/12/02
Date

9/27/02
Date

Date of Notice to the Faculty

*Undergraduate Council

Date

*University Studies

Date

*Graduate Council

10/23/02

Date

*Academic Council of the Medical Center

Date

*Senate Council (Chair)

Date

*If applicable, as provided by the rules of the University Senate

ACTION OTHER THAN APPROVAL