APPLICATION FOR NEW COURSE

1. Submitted by the College ___________________________ Health Sciences ___________________________ Date __6/15/02_________________
   Department/Division offering course ___________________________ Rehabilitation Sciences/Communication Disorders ___________________________

2. Proposed designation and Bulletin description of this course:
   a. Prefix and Number _____ CD 768 ____ b. Title* Residence Credit for the Master's Degree
   NOTE: if the title is longer than 24 characters (including spaces), write a
   Sensible title (not exceeding 24 characters) for use on transcripts* Residence Credit

   c. Lecture/Discussion hours per week __0___ d. Laboratory hours per week __0___
   e. Studio hours per week __0___ f. Credits ___1-6___

   g. Course Description:

   Residence credit for the master's degree.

   h. Prerequisites (if any): ______________________________

   (i) May be repeated to a maximum of __12 hours_____________ (if applicable)

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

5. Effective Date: ___________________________ (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 students in the thesis track to register for residence credit.

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? NA

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
12. Check the category most applicable to this course:

   ___ 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
    If yes, explain the change(s) below:

    This course is part of a curriculum revision for the undergraduate and graduate programs in
    Communication Disorders. It provides students with 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.

    ___ N/A ___

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 L. Page  
Department Chair  
9/12/02  
Date

Sharon L. Stewart  
Dean of the College  
9-27-02  
Date

Date of Notice to the Faculty

*Undergraduate Council

*University Studies

*Graduate Council

*Academic Council of the Medical Center

*Senate Council (Chair)

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

ACTION OTHER THAN APPROVAL