For Administrative Use Only **PS Course ID #**	# Request to Revise a Course

College:	**Department:**	Date:

ORIGINAL COURSE INFORMATION (Complete *All Sections Below*)	**REVISE COURSE INFORMATION** (*Complete only those sections that are to be changed*)
Department Prefix & Course Number:	**Department Prefix & Course Number:**
Course Title (*Not to exceed 75 Characters*):	**Course Title** (*Not to exceed 75 Characters*):
Abbreviated Course Title (*not to exceed 25 characters*):	**Abbreviated Course Title** (*not to exceed 25 characters*):
Semester/Term Change Effective:	**Semester/Term Change will Become Effective:**
Faculty Responsible for the course:	**Faculty Responsible for the course:**
Original Course Description (*Not to exceed 50 words*):	**Revised Course Description** (*Not to exceed 50 words*):
Credit Hours: ___ or **Clock Hours:** ___ **If variable**: Min. ___ Max. ___ per semester	**Credit Hours:** ___ or **Clock Hours:** ___ **If variable**: Min. ___ Max. ___ per semester
Can this course be repeated?: No Yes *If yes please answer below:* Maximum number of hours? ___ Repeated during same semester?: Yes No How many times during a semester may the course be repeated? ___	**Can this course be repeated?**: No Yes *If yes please answer below:* Maximum number of hours? ___ Repeated during same semester?: Yes No How many times during a semester may the course be repeated? ___
Prerequisites:	**Prerequisites**:
Course is: ☐ Required ☐ Elective ☐ Selective	**Course is:** ☐ Required ☐ Elective ☐ Selective

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Cross Listed: No   Yes

Please list cross listed course numbers: _____

Please list original controlling department: _____

Multi-Level: No   Yes

List other multi-level course numbers: _____

List original controlling department: _____

A form for each cross listed and/or multi-level course must be completed and submitted together as a packet. Definitions of cross listed and multi-level courses may be found on page 4 of this document.

Cross Listed: No   Yes

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Revisions made to items below may be done by a memo to the Registrar

Term(s) or Semester(s):
- ☐ Fall
- ☐ Spring
- ☐ Summer

Normally Offered:
- ☐ Rotation
- ☐ Intersession

Class Type:
(Check all that apply)
- ☐ Lecture/Discussion
- ☐ Laboratory
- ☐ Independent Study
- ☐ Clinical
- ☐ Practicum

Instruction Mode:
Traditional (FTF > 75%)
Hybrid (Mixed : < 75% FTF)
Distance (100% online/ Interactive Video
Independent/Directed Study
Internship/Practicum

Is this course included in a 100% online or Interactive Video Curriculum?   Yes   No

Class Size per Semester: _____

Weeks per Semester/rotation: _____

Hours per week:
- ___ Lecture/Discussion
- ___ Laboratory
- ___ Independent Study
- ___ Clinical
- ___ Practicum

Year(s) in Program:
- ☐ I   ☐ II
- ☐ III   ☐ IV

Evaluation methods:
(Check all that apply)
- ☐ Exams
- ☐ Papers
- ☐ Presentations
- ☐ Clinical Performance
- ☐ Other

Type of Grading:
Letter
S/U
Pass/Fail/Honors **(MD Only)**

Term(s) or Semester(s):
- ☐ Fall
- ☐ Spring
- ☐ Summer

Normally Offered:
- ☐ Rotation
- ☐ Intersession

Class Type:
(Check all that apply)
- ☐ Lecture/Discussion
- ☐ Laboratory
- ☐ Independent Study
- ☐ Clinical
- ☐ Practicum

Instruction Mode:
Traditional (FTF > 75%)
Hybrid (Mixed : < 75% FTF)
Distance (100% Asynchronous/Interactive Video)
Independent Directed Study
Internship/Practicum

Is this course included in a 100% online or Interactive Video Curriculum?   Yes   No

Class Size per Semester: _____

Weeks per Semester/rotation: _____

Hours per week:
- ___ Lecture/Discussion
- ___ Laboratory
- ___ Independent Study
- ___ Clinical
- ___ Practicum

Year(s) in Program:
- ☐ I   ☐ II
- ☐ III   ☐ IV

Evaluation methods:
(Check all that apply)
- ☐ Exams
- ☐ Papers
- ☐ Presentations
- ☐ Clinical Performance
- ☐ Other

Type of Grading:
(Memo to the Registrar for temporary grading changes will suffice)
Letter
S/U
Pass/Fail/Honors **(MD Only)**

Rationale for the change:

If this revision includes a change to the number of hours for a required course, please describe how this change will affect the overall program.

Please attach a copy of your current curriculum and proposed curriculum with this course addition.

☐ Current and proposed curriculum attached

Attach a course syllabus and/or course outline. The required syllabus format is located online at admissions.ouhsc.edu/Portals/1047/assets/documents/Syllabus%20Req_APC_NewInstrMode12_14FINAL.pdf

☐ Course syllabus attached

APPROVALS		Please Print or Type Name Below	Signature	Date
	Dept. Chairperson			Date:
	College Curriculum Committee *(if applicable)*			Date:
	College Dean *(if applicable)*			Date:
	Graduate Curriculum Review Committee *(if applicable)*			Date:
	Graduate Dean *(if applicable)*			Date:
	Academic Program Council			Date:
	Provost *(for the President)*			Date:

Instructions for Revising a Course
1. Submit pages 1through 3 obtain signatures of appropriate college committees and deans.
2. Attach a syllabus using the required format found at
   http://admissions.ouhsc.edu/FacultyAdministration/RequiredSyllabusFormat.aspx
3. Submit the signed original to the Academic Program Council Secretary, BSEB 200.

Instructions on Cross-Listing a Course
1. Cross-listed courses must have identical names, credit/clock hours, course numbers, description, and requirements.
   Only the deparmental prefix can be different.
2. The original department "controls" the course and must agree to any proposed changes.
3. It is the responsibility of the department initiating a cross-listed course, to obtain and submit, along with its own request, a complete copy of this form for each of the cross-listed departments.

Instructions on Multi-Level Courses

Courses taught together to different levels of students (undergraduate, graduate, & professional) are considered *Multi-Level Courses*. While these courses may have similar content, requirements, and outcomes, they must have different course numbers based on the level of student (4000 for undergraduate, 5000 & 6000 for graduate, and 7000, 8000, & 9000 for professional). Separate Academic Programs Council forms must be submitted for each course. All numbers under which a course is to be multi-level must be indicated on the forms. Each multi-level course must have its own syllabus specific to the level of student. Below are additional requirements for multi-level courses.

Undergraduate Multi-Level Courses
Undergraduates may take a 4000-level course with graduate or professional students under a different course number. While lectures may be the same, students in the graduate and professional courses should have substantial additional requirements beyond those expected at the undergraduate level.

Graduate and Professional Multi-Level Courses
Multi-Level courses offer content appropriate for both graduate and professional degree programs. However, special consideration should be given to content for the different audiences and discipline the needs. Adjustments to the content, requirements, and expected outcomes should be made as necessary. A separate syllabus must be submitted for each course. Professional students who have not earned a bachelor's degree may not enroll in multi-level courses until they have satisfied the requirements equivalent to a bachelor's degree as determined by their academic program. Students must have approval of their college academic or advisory committee to earn multiple credits for multi-level courses. Example: If a student takes a course at an undergraduate level, they may not enroll in the same multi-level course for credit at a graduate level or professional level without prior approval from the appropriate academic or advisory committee.

Description of Instruction Modes:

Traditional: Face-To-Face Contact: Instructors interact with students in the same physical space 75% or more of the instructional time.

Hybrid - Mixed FTF (Hybrid): Instructors interact with students in the same physical space less than 75% of the instructional time with the remainder of the instructional time provided through distance or correspondence education (including D2L).

Distance: Content is offered 100% online or via interactive video. Distance is defined as using one or more of the following technologies to deliver instruction to students who are separated from the instructor and support regular and substantive interaction between the students and the instructor, synchronously or asynchronously. The technologies may include:
- (i)   the Internet
- (ii)   one way and two way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices
- (iii)   audio conferencing; or (iv) videocassettes, DVDs, and CD-ROMs, if the videocassettes, DVDs or CD-ROMs are used in conjunction with any of the technologies listed in clauses (i) through (iii).

Independent/Directed Study: Instructors interact with students through a flexible format.

Correspondence: Instructors interact with students through mail or electronic interface according to a typically self-paced schedule.

Internship/Practicum: Internships or practica experiences for which credits are awarded. Submission should provide brief summative information about the internship or practicum.

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FOR FURTHER INFORMATION ON THE POLICIES AND PROCEDURES FOR THE ACADEMIC PROGRAM COUNCIL, OR FOR ASSISTANCE COMPLETING THIS FORM PLEASE CONTACT THE OFFICE OF ADMISSIONS AND RECORDS:

The University of Oklahoma Health Sciences Center
Office of Admissions and Records
P.O. Box 26901
1105 N. Stonewall Ave., LIB 121
Oklahoma City, Oklahoma 73126-0901

Telephone: (405) 271-2359 extension 48901
Fax (405) 271-2480