

For Administrative Use Only  
PS Course ID #

# Request to Revise a Course

College:

Department:

Date:

## ORIGINAL COURSE INFORMATION

(Complete All Sections Below)

Department Prefix & Course Number:

Course Title (Not to exceed 75 Characters):

Abbreviated Course Title (not to exceed 25 characters):

Semester/Term Course is Currently Taught:

Faculty Responsible for the Course:

Original Course Description (Not to exceed 50 words):

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? \_\_\_

Prerequisites:

Course is:

Required  Elective  Selective

Type of Grading:  Letter  S/U

## REVISE COURSE INFORMATION

(Complete only those sections that are to be changed)

Department Prefix & Course Number:

Course Title (Not to exceed 75 Characters):

Abbreviated Course Title (not to exceed 25 characters):

Semester/Term Change will Become Effective:

Faculty Responsible for the Course:

Revised Course Description (Not to exceed 50 words):

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? \_\_\_

Prerequisites:

Course is:

Required  Elective  Selective

Type of Grading:  Letter  S/U

**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 or multi-level course must be submitted together as a packet. Definitions of cross listed and multi-level courses are found on page 4.**

**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: \_\_\_\_\_

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*Revisions made to items below may be done by a memo to the Vice Provost for Academic Affairs and Faculty Development*

**Term(s) or Semester(s):**  Fall  Rotation  
**Normally Offered**  Spring  Intersession  
 Summer  Yr-Long

**Class Type:**  Lecture/Discussion  Laboratory  
(Select One)  Lecture/Laboratory  Internship/Practicum  
 Lecture/Clinical  Clinical  
 Seminar  Independent Study

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

**Class Size per Semester:** \_\_\_\_\_  
**Weeks per Semester/rotation:** \_\_\_\_\_

**Hours per week:** \_\_\_\_\_ Lecture/Discussion  
\_\_\_\_\_ Laboratory  
\_\_\_\_\_ Independent Study  
\_\_\_\_\_ Clinical  
\_\_\_\_\_ Internship/Practicum  
\_\_\_\_\_ Seminar

**Medicine Phase:**  I  II  III

**Year(s) in Program:**  I  II  
 III  IV

**Evaluation methods:**  Exams  
 Papers  
 Presentations  
 Clinical Performance  
 Other

**Term(s) or Semester(s):**  Fall  Rotation  
**Normally Offered**  Spring  Intersession  
 Summer  Yr-Long

**Class Type:**  Lecture/Discussion  Laboratory  
(Select One)  Lecture/Laboratory  Internship/Practicum  
 Lecture/Clinical  Clinical  
 Seminar  Independent Study

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

**Class Size per Semester:** \_\_\_\_\_  
**Weeks per Semester/rotation:** \_\_\_\_\_

**Hours per week:** \_\_\_\_\_ Lecture/Discussion  
\_\_\_\_\_ Laboratory  
\_\_\_\_\_ Independent Study  
\_\_\_\_\_ Clinical  
\_\_\_\_\_ Internship/Practicum  
\_\_\_\_\_ Seminar

**Medicine Phase:**  I  II  III

**Year(s) in Program:**  I  II  
 III  IV

**Evaluation methods:**  Exams  
 Papers  
 Presentations  
 Clinical Performance  
 Other

**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 number of hours in the degree program.**

**A copy of the current and proposed curriculum must be included in order for the APC to review the course.**

Current and proposed curriculum attached

**Attach a course syllabus with numbered pages. Required syllabus components are found at <http://admissions.ouhsc.edu/FacultyAdministration/RequiredSyllabusFormat.aspx>**

***Preferred - How to Electronically Submit the “Revise a Course” form to APC - Preferred***

1. Download form and sign using your Adobe digital signature. Attach form, syllabus in MS Word format, and copy of the curriculum and proposed curriculum.
2. The syllabus must use the Required Syllabus Format found at <http://admissions.ouhsc.edu/FacultyAdministration/RequiredSyllabusFormat.aspx>.
3. Email to the next college official.
4. The last college official (dean or dean’s designee) should select **SUBMIT to APC** which will create an email to the APC secretary.
5. Select the Insert File tab, attach the syllabus in MS Word format, copy of the current and proposed curriculum, and SEND.

		Type Name Below	Digital Signature	Date
<b>APPROVALS</b>	<b>Dept. Chairperson</b>			Date:
	<b>Professional College Curriculum Review Committee</b>			Date:
	<b>Professional College Dean (or Dean’s Designee)</b>			Date:
	<b>Graduate College Curriculum Review Committee</b>			Date:
	<b>Graduate College Dean (or Dean’s Designee)</b>			Date:
	<b>Academic Program Council</b>			Date:
	<b>Provost (or Provost’s Designee)</b>			Date:

**Submit to APC**

FOR ASSISTANCE COMPLETING THIS FORM OR SUBMISSION, PLEASE CONTACT THE OFFICE OF THE VICE PROVOST FOR ACADEMIC AFFAIRS & FACULTY DEVELOPMENT  
Telephone: (405) 271-5557

### **Instructions for Cross-Listing a Course**

**Cross-listed** courses have identical names, credit/clock hours, course numbers, description, and requirements. Only the departmental prefix is different. A course form must be submitted to APC for each cross-listed course. The original department “controls” the course. Forms for all cross-listed courses must be received in order for the course to be placed on the APC agenda. It is the responsibility of the department initiating a cross-listed course to assure a form is submitted for each cross-listed course.

### **Instructions for Multi-Level Courses**

**Multi-Level** courses are taught to different levels of students (undergraduate, graduate, & professional) in one classroom. Lectures are the same but students have differing requirements based upon student level (undergraduate, graduate, and professional). Separate APC forms carrying course numbers (4000 for undergraduate, 5000 & 6000 for graduate, and 7000, 8000, & 9000 for professional) and syllabi specific to the student level and must be submitted for *each* course. A memo explaining how the requirements differ should accompany the submission to APC. Professional students must have satisfied the requirements equivalent to a bachelor’s degree as determined by their academic program prior to enrollment in a multi-level course.

### **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 individually 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.

### **Description of Class Components:**

**Lecture/Discussion:** A class where formal discourse is the primary means of instruction. This includes face-to-face and or synchronous/ asynchronous delivery.

**Laboratory:** A class where testing, experimentation, or practice occurs.

**Clinical:** A class involving observation or treatment of patients.

**Internship/Practicum:** A class that provides practical experiences for advanced students or graduates in a professional field.

**Seminar:** A class where a group of students gather with an instructor for a course of study.

**Independent/Directed Study:** A class where the instructor works with the student as an individual.