



**5. Course Information:** *This information is not required for seminars, special problems, research, thesis, dissertation, colloquia, practica, etc.*

**Course Title and Course number:** *See Graduate School Office for assignment of course number.*

**Credit Hours:**

**Proposed Date/Semester:**

**Course Description:** *Briefly describe course topics and educational materials the course will cover.*

**Course Goals or Objectives:** *State at least one: examples.*

- To evaluate ...
- To demonstrate ...
- To measure...
- To conduct ...
- To be able to ...

**Course Prerequisites:** *State if any; if none, indicate "No prerequisites."*

The prerequisites are...

**Attendance:** *See example below.*

Attendance is required for all classes. Excused absences may be obtained only by permission from the course director. Make-up exams will only be given under the most extenuating circumstances.

**Student Evaluation:** *See examples below;*

This is a pass/fail course. A grade of 70% or greater will constitute a "pass".

Students' grades will be based on the following:

Attendance, discussion of reading, class/lab participation.....	20%
Final Examination .....	80%
TOTAL.....	100%

**Course Evaluation:** *See example below; include evaluation by faculty peers as well as by students.*

At the end of the course, students will be provided with a Course Evaluation Form to anonymously assess the content and delivery of the course. Faculty will assess the course each term and make any appropriate modifications and updates.

**Textbooks/Reading Materials:** *See examples below.*

Textbook XXX along with other assigned reading will be used.

There will be no textbook but journal articles will be assigned reading.

Students will be e-mailed a copy of the PowerPoint presentations before each lecture.

**Course Director(s):** Dr. XXX     Robert Eoff, PhD

**Tentative Course Schedule:** see attached

Session	Date	Topic	Instructor
1			
2			
3			
4			
5			
6			

6. Program Approvals:

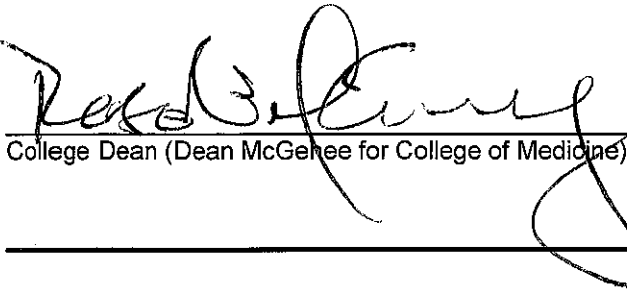
---

(Print or type) Chairperson, Academic Department or Area

---

(Signature) Chairperson, Academic Department or Area

Date



8-23-16

---

College Dean (Dean McGhee for College of Medicine)

Date

---

7. Graduate School Approvals

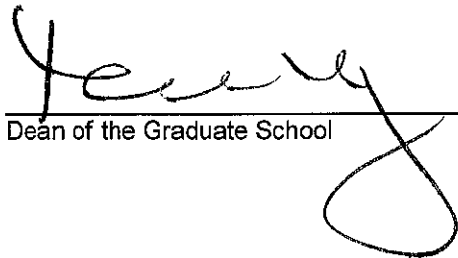


8/18/2016

---

Chairperson, Graduate Council

Date



---

Dean of the Graduate School

Date

**University of Arkansas for Medical Sciences  
Office of the University Registrar  
GUS Course Catalog Form**

This form should be used for courses offered at UAMS. If a course addition will change the curriculum for one or multiple degree plans, you will be asked to update a curriculum template for each degree program affected. Please remember to submit a copy of the syllabus with this form.

**Course Changes and Additions Submission Timeline**

Fall Semester            February 1<sup>st</sup> (same calendar year)  
Spring Semester        September 1<sup>st</sup> (preceding calendar year)  
Summer Semester      December 1<sup>st</sup> (preceding calendar year)

---

This request is for a:    New Course             Course Change             Course Retirement  (skip to p. 4)

College: Graduate School

Department/Program: GPIBS/ BMB Track

Course Title: *Click here to enter proposed course title*

Course Description: *Limit course description to 300 characters*

Course Instructor: *Click here to enter text.*

Course Instructor Email: *Click here to enter email.* Course Instructor Phone: *Click here to enter phone number*

Additional Instructors: *Click here to enter additional instructor names and email addresses*

*Click here to enter additional instructor names and email addresses*

*Click here to enter additional instructor names and email addresses*

**GENERAL COURSE INFORMATION**

First term course will be offered/changed:    Fall             Spring             Summer

First year course will be offered/changed: 2017

Meeting dates differ from standard semester? Yes  No

If yes, describe meeting pattern: (i.e. last 4 weeks of semester, 8 Wednesdays beginning 2<sup>nd</sup> week, etc.)

Grading Basis: Letter Grade            Number of Units: 3

If Variable Credit, list the maximum number of units: *Choose an item.*

Component Type: *Lecture*

Repeat for credit? Yes  No

If yes, limit to number of enrollments allowed per student: *Click here to enter max enrollments.*

Preferred Catalog Number: BIOC 5109

\*Note: Preferred Catalog Numbers are not guaranteed to be used.

**ENROLLMENT CONTROLS**

**PREREQUISITES**

Subject Area	Catalog #	Course Title	Course ID (if known)
<i>Subj. Area</i>	<i>Catalog #</i>	<i>Course Title</i>	<i>Course ID</i>
<i>Subj. Area</i>	<i>Catalog #</i>	<i>Course Title</i>	<i>Course ID</i>
<i>Subj. Area</i>	<i>Catalog #</i>	<i>Course Title</i>	<i>Course ID</i>
<i>Subj. Area</i>	<i>Catalog #</i>	<i>Course Title</i>	<i>Course ID</i>

**CO-REQUISITES**

Subject Area	Catalog #	Course Title	Course ID (if known)
<i>Subj. Area</i>	<i>Catalog #</i>	<i>Course Title</i>	<i>Course ID</i>
<i>Subj. Area</i>	<i>Catalog #</i>	<i>Course Title</i>	<i>Course ID</i>
<i>Subj. Area</i>	<i>Catalog #</i>	<i>Course Title</i>	<i>Course ID</i>
<i>Subj. Area</i>	<i>Catalog #</i>	<i>Course Title</i>	<i>Course ID</i>

Please list any other non-course prerequisites attached to this course (e.g. minimum GPA, exam, year in program)  
*Click here to enter text.*

Minimum Number of Students to Enroll: *Click to enter number*

Maximum Number of Students who may Enroll: *Click to enter number*

Is enrollment in this course limited to certain groups of students (i.e. PhD students only)? Yes  No

Please describe enrollment limits by groups: *Click here to enter max enrollments.*

Is advisor or instructor consent required for students to take this course? Instructor Consent

**INSTRUCTION MODE**

Please provide information about the first semester this course will be offered. You will have the opportunity to change this information if this form is provided prior to the last date for scheduling requests.

## **INSTRUCTION INFORMATION**

Instruction Mode: *Face-to-face*

FOR ONLINE COURSES ONLY: Will this course be offered to students out of state? Yes  No

Please select all locations where this course will be taught:

Main Campus

Northwest Campus

UAMS Southwest

Other

If "Other" Location, please describe: *Click here to enter text.*

## **EXAM AND PROGRESSION**

Will the course have a final exam? Yes  No

Will the final exam occur during the normally scheduled course time? Yes  No

Is there a minimum grade required for the student to progress? *Choose an item.*

## **ADDITIONAL INFORMATION**

Are any degrees affected by this course addition? Yes  No

If "Yes," please list all degrees affected by this change: *Click here to enter text.*

### **Does this course address/include:**

Service Learning <sup>1</sup> :	Partially <input type="checkbox"/>	100% <input type="checkbox"/>	Does not address <input checked="" type="checkbox"/>
Inter-professional Education <sup>2</sup> (IPE)	Partially <input checked="" type="checkbox"/>	100% <input type="checkbox"/>	Does not address <input type="checkbox"/>
Cultural competency <sup>3</sup>	Partially <input type="checkbox"/>	100% <input type="checkbox"/>	Does not address <input checked="" type="checkbox"/>
Patient-Family Centered Care <sup>4</sup>	Partially <input type="checkbox"/>	100% <input type="checkbox"/>	Does not address <input checked="" type="checkbox"/>
Interdisciplinary Education <sup>5</sup>	Partially <input checked="" type="checkbox"/>	100% <input type="checkbox"/>	Does not address <input type="checkbox"/>

### **ADDITIONAL INFORMATION:**

*Click here to enter text.*

<sup>1</sup> A structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn: the context in which the service is provided, the connection between their service and their academic coursework, and their roles as citizens.

<sup>2</sup> Defined as students of two or more professions engaged in learning with, from and about each other.

<sup>3</sup> An ability to interact effectively with people of different cultures and ethnic backgrounds. Comprises four components: Awareness of one's own cultural worldview, attitude towards cultural differences, knowledge of different cultural practices and worldviews, and cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.

<sup>4</sup> An approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care. The core concepts include: Dignity and respect, information sharing, participation, and collaboration.

<sup>5</sup> Defined as the degree to which individuals have the capacity to obtain, process and understand basic health information and services need to make appropriate health decisions.

**COURSE RETIREMENT ONLY – Course Additions and Changes can skip to pg. 5**

College: *Choose an item.*

Department/Program: *Click here to enter text.*

Course Title: *Click here to enter the current title.*

Catalog Name and Number: *Click here to enter text.*

Course ID (if known): *Click here to enter text.*

What semester and year will this course be retired? *Click here to enter text.*

Are any degrees affected by this course retirement? Yes  No

If "Yes," please list all degrees affected by this change (updated Curriculum Templates for any degree that will change as a result of this retirement are required to be submitted to the Office of the University Registrar):

*Click here to enter text.*

**ADDITIONAL INFORMATION:**

*Click here to enter text.*

## APPROVALS

Proposal will not be processed without all required signatures.

.....  
Course Instructor signature



.....  
Associate Dean signature

Enter Course Instructor Name

Enter Associate Dean Name

Today's Date: *Click here to select date.*

Preparer's Name: *Click here to enter name*

Preparer's Email: *Click here to enter email address*

**Please submit this form and a copy of the syllabus to:**

Angela Wilson, Registrar

**Email:** [awilson5@uams.edu](mailto:awilson5@uams.edu)

**Mail Slot #767**

Questions? 501-526-6612

### **Office use only**

Received: \_\_\_\_\_

Entered into GUS

Entered into Schedule of Courses

Curriculum Registrar Initials: \_\_\_\_\_

Schedule Registrar Initials: \_\_\_\_\_

### **Notes/Follow-up:**