

**COURSE APPROVAL FORM, Graduate School
University of Arkansas for Medical Sciences**

This form and attached materials are due in the Graduate School Office on the first Monday of the month. All forms will be submitted to the UAMS Graduate Council Curriculum Committee for review and approval prior to consideration by the Graduate Council.

This form is not required for minor stylistic or editorial corrections to the title or course descriptions. These may be made when revising the catalog copy.

1. **Program:** Physiology and Biophysics | P | H | Y | O | | | | |
Department *Alpha (Department) Code*

2. **Action proposed** (indicate one or more items): Effective term: Fall 2016

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Add course | <input type="checkbox"/> Change title | |
| <input type="checkbox"/> Eliminate course
(No outline needed) | <input type="checkbox"/> Change credit hours from: _____ to _____ | |
| | <input type="checkbox"/> Change course number from: _____ to _____ | Grade _____ to Pass/Fail _____ |
| | <input checked="" type="checkbox"/> Change description | |

3. **Course ID, title and description:**

P H Y O	5 0 5 1	<u>Departmental Seminar</u>
prefix	number	title (20 characters)

catalog name (40 characters)		

Scheduled offering: Fall Spring Summer On demand

To cross list a course, use the Course Cross Listing Form.

Describe the course in sentence form using 50 words or less as it is to appear in the catalog. List prerequisites, co-requisites and possible off-site instructional opportunities or requirements.

4. **Justification:**

Justify this change in terms of course needs or curriculum improvement. State the effect of this change on any degree programs. Identify the courses to be eliminated, if any, if this course is approved. (Course Approval Forms must also be submitted for these courses) Identify any existing course or courses that would extensively overlap or be duplicated if the proposed curricular change occurs. Provide statements of concurrence with the change from the chairperson(s) and dean(s) of the programs/areas offering the affected courses.

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

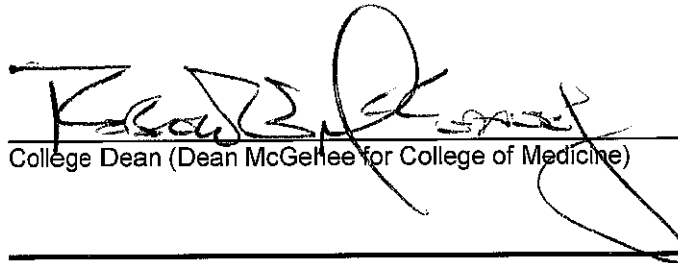
Tentative Course Schedule:

Session	Date	Topic	Instructor
1			
2			
3			
4			
5			
6			

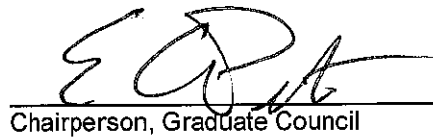
6. Program Approvals:


(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

 8-23-16
Dean of the Graduate School Date