

**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 1st (same calendar year)
Spring Semester September 1st (preceding calendar year)
Summer Semester December 1st (preceding calendar year)

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

College: Graduate School

Department/Program: Department of Biomedical Informatics

Course Title: Capstone

Course Description: A capstone project will be performed under the close supervision of the each student's advisor. Project possibilities include, but are not limited to: developing a project that fits into a larger framework, systematic review, piece of an ongoing research project, substantial background literature review, grant writing, and ect..

Course Instructor: Each Student's Advisor

Course Instructor Email: [Click here to enter email.](#) Course Instructor Phone: (501) 603-1766

Additional Instructors: All Department Faculty: Fred Prior, David Ussery, Mathias Brochhausen, Donald Johann, Jr, Intawat Nookaew, Meredith Zozus, Cody Ashby, Michael Bauer, Galina V. Glazko, Horacio Gomez-Acevedo, Se-Ran Jun, Erich Peterson, Yasir Rahmatallah, Lawrence Tarbox, Christopher Wardell, and Sudeepa Bhattacharyya

[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 2nd week, etc.)

Grading Basis: Letter Grade Number of Units: 3

If Variable Credit, list the maximum number of units: 3

Component Type: *Lecture*

Repeat for credit? Yes No

If yes, limit to number of enrollments allowed per student: No Limit

Preferred Catalog Number: None

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

ENROLLMENT CONTROLS

PREREQUISITES

Subject Area	Catalog #	Course Title	Course ID (if known)
None	None	None	None
<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)
None	None	None	None
<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)

None

Minimum Number of Students to Enroll: None

Maximum Number of Students who may Enroll: None

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

Please describe enrollment limits by groups:

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: *Online - 75-99% some face/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: Hybrid, The course will be taught face to face, but a Blackboard course will be maintained and course sessions will be recorded and streamed for synchronous or asynchronous participation.

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? Not Required

ADDITIONAL INFORMATION

Are any degrees affected by this course addition? Yes No

If "Yes," please list all degrees affected by this change: N/a

Does this course address/include:

Service Learning¹:

Partially

100%

Does not address

Inter-professional Education² (IPE)

Partially

100%

Does not address

Cultural competency³

Partially

100%

Does not address

Patient-Family Centered Care⁴

Partially

100%

Does not address

Interdisciplinary Education⁵

Partially

100%

Does not address

ADDITIONAL INFORMATION:

¹ 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.

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

³ 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.

⁴ 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.

⁵ 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.

Click here to enter text.

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):

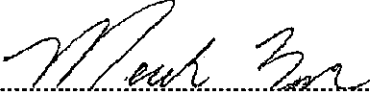
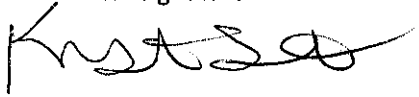
Click here to enter text.

ADDITIONAL INFORMATION:

Click here to enter text.

APPROVALS

Proposal will not be processed without all required signatures.

 Course Instructor signature	*All Department Faculty will instruct this course.
 Associate Dean signature	
Today's Date: .	Preparer's Name: Tremaine B. Williams
Preparer's Email: .	

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

Angela Wilson, Registrar
Email: awilson5@uams.edu
Mail Slot #767
Questions? 501-526-6612

<p>Office use only Received: _____ Entered into GUS <input type="checkbox"/> Entered into Schedule of Courses <input type="checkbox"/> Curriculum Registrar Initials: ____ Schedule Registrar Initials: ____</p>	<p>Notes/Follow-up:</p>
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**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:** Department of Biomedical Informatics

B	I	O	M				
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Department *Alpha (Department) Code*

2. **Action proposed** (indicate one or more items): Effective term: Fall 2017

- | | | |
|--|---|--|
| <input checked="" 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: _____ | |
| | <input type="checkbox"/> Change description | |

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

B	I	O	M				
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_____ _____ _____
prefix *number* *Capstone Project*
title (20 characters)

Capstone Project
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.

A capstone project will be performed under the close supervision of the each student's advisor.

4. **Justification:**

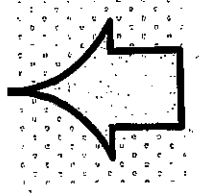
Justify this change in terms of course needs or curriculum improvement. State the effect of this change on any degree programs. Identify the courses to be eliminated, if any, if this course is approved. (Course Approval Forms must also be submitted for these courses) Identify any existing course or courses 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.

Project possibilities include, but are not limited to: developing a project that fits into a larger framework, systematic review, piece of an ongoing research project, substantial background literature review, grant writing, and ect..

6. Program Approvals:

Fred Prior, PhD
(Print or type) Chairperson, Academic Department or Area

Fred Prior 10/5/16
(Signature) Chairperson, Academic Department or Area Date



[Signature] 10.20.16
College Dean (Dean McGahee for College of Medicine) Date

7. Graduate School Approvals

[Signature] 10/20/16
Chairperson, Graduate Council Date

[Signature] 10.20.16
Dean of the Graduate School Date