Proposal to Change a Course

NOTE: All gray text boxes must be completed (even if you just put N/A into them), otherwise the committee must consider the form incomplete.

Contact person Dr. Mike Ruscio

   Email address rusciom@cofc.edu Phone /953.7106

1. Department: Psychology

2. Course Number and Title: Psyc 387 Clinical Neuropsychology

3. Semester and year when the course change(s) will go into effect: Fall, 2011

4. Change(s) Desired (Note: if more than 2 items listed under “Typical changes handled by this form” in Guidelines for Planning to Change a Course, then a New Course form must be completed):

   Change the title of this course from Clinical Neuropsychology to Neuropsychology

   Course description change: This course is a survey of brain-behavior relationships in humans. Topics may include neuroanatomy, neurophysiology, theories of higher cognitive function, brain development, neural plasticity, neurological disorders and rehabilitation.

5. Justification for Change(s):

   A more generic course title and the change to the course description indicated above will allow the department to increase the number and diversity of faculty available to teach this course. An increase in the availability of faculty will allow the course to be offered more regularly.

6. Is this course to be added to the Degree Requirements of a Major, Minor, Concentration or List of Approved Electives?
   a)☐ yes  ☑ no
   b) If yes, complete the Change Degree Requirements form(s) and list the name(s) of the major, minor, concentration and/or list of approved electives here:

7. Is the course part of any other degree or program? Please consult the most up to date undergraduate catalog and search for uses of the course to see who should be contacted. If yes, what department/program? Please contact the department chair/program director and request a note or email that they are aware of the proposed change and include that note with the proposal.
   No
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8. Signature of Department Chair or Program Director:

________________________________________

Date: ____________________________

9. Signature of Dean of School:

________________________________________

Date: ____________________________

10. Signature of Curriculum Committee Chair:

________________________________________

Date: ____________________________

11. Signature of Faculty Senate Secretary:

________________________________________

Date Approved by Senate: ____________________________

Completed form should be sent by the Faculty Senate Secretary to the Registrar. After implementation, information concerning the passed course and program changes will be provided by the Registrar to all faculty and staff on campus.