

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

<input type="checkbox"/> (Check one)	Department Name	Environmental Health and Medical Laboratory Sciences	
<input type="checkbox"/> New Course (Parts II, IV)	College	Health Science	
<input checked="" type="checkbox"/> Course Revision (Parts II, IV)	*Course Prefix & Number	MLS 350	
<input type="checkbox"/> Hybrid Course ("S," "W")	*Course Title	Bacteriology and Virology	
<input type="checkbox"/> New Minor (Part III)	*Program Title		
<input type="checkbox"/> Program Suspension (Part III)			
<input type="checkbox"/> Program Revision (Part III)	*Provide only the information relevant to the proposal.	If Certificate, indicate Long-Term (University) or Short-Term (Departmental)	

Proposal Approved by:	<u>Date</u>		<u>Date</u>
Departmental Committee	12/10/2015	Council on Academic Affairs	2/18/16
College Curriculum Committee	1/13/2016	Faculty Senate**	NA
General Education Committee*	NA	Board of Regents**	NA
Teacher Education Committee*	NA	EFFECTIVE ACADEMIC TERM***	FALL 2016
Graduate Council*	NA		

*If Applicable (Type NA if not applicable.)
**Approval needed for program revisions or suspensions.
***To be added by the Registrar's Office after all approval is received.

Completion of A, B, and C is required: (Please be specific, but concise.)

<p>A. 1. Specific action requested: (Example: Increase the number of credit hours for ABC 100 from 1 to 2.) To change course name and content description and modify course content</p> <p>A. 2. Proposed Effective Academic Term: (Example: Fall 2012) Fall 2016</p> <p>A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)</p>
<p>B. The justification for this action: Moving the virology content from <i>MLS 350</i> to <i>MLS 355 Mycololgy and Parasitology</i> allows for MLS students to focus on bacteriology for the full semester.</p>
<p>C. The projected cost (or savings) of this proposal is as follows:</p> <p>Personnel Impact: N/A</p> <p>Operating Expenses Impact: N/A</p> <p>Equipment/Physical Facility Needs: N/A</p> <p>Library Resources: N/A</p>

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striethrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~striethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

MLS 350 Bacteriology and ~~Virology~~. (5) I. Formerly CLS 350. Prerequisite: enrollment in the upper division MLS program or departmental approval. Study of medically important bacteria with emphasis on the clinical laboratory methods of microscopy, cultivation, identification, antimicrobial susceptibility testing, and quality controls. ~~Includes study of rickettsiae, mycoplasma, chlamydiae, and fundamentals of clinical virology.~~ 3 Lec/4 Lab. Credit will not be awarded for both CLS 350 and MLS 350.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Academic Term (Example: Fall 2012)	College/Division:	Dept. (4 letters)*
MLS	350	Fall 2016	AS _____ HS X BT _____ JS _____ ED _____ UP _____	EHCL
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
5	Lecture _____ Laboratory _____ Other _____		Cip Code (first two digits only)	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)	
1	3	N	FR _____	JR _____
2	2	N	SO _____	SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>		
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

CoRequisites and Prerequisites ****See definitions on following page****

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.

Course Prefix and No.

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.

Enrollment in the upper division MLS program or departmental approval

Course Prefix and No.

Test Scores

Minimum GPA (when a course grouping or student cumulative GPA is required)

Co-requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.

Test Scores

Minimum GPA (when a course grouping or student cumulative GPA is required)

Equivalent Course(s): (credit will not be awarded for both...; or formerly...)

Course Prefix and No.

Credit will not be awarded for both CLS 350 and MLS 350

Course Prefix and No.

Course Prefix and No.

Proposed General Education Element: Please mark (X) in the appropriate Element or Elements (e.g. – 4B(3) X).

Element 1 (9)	Element 2 (3)	Element 3 (6)	Element 4 (6)	Element 5 (6)	Element 6 (6)
1A (3)	2 (3)	3A (3)	4A (3)	5A (3)	6 (6)
1B (3)		3B (3)	4B (3)	5B (3)	
1C (3)		or 3A/B Integrated A&H(6)	or 4A/B Integrated Sciences(6)		