

**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 355	
<input type="checkbox"/> Hybrid Course ("S," "W")	*Course Title	Mycology and Parasitology	
<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.)**

<b>A. 1. Specific action requested:</b> (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
<b>A. 2. Proposed Effective Academic Term:</b> (Example: Fall 2012)	Fall 2016
<b>A. 3. Effective date of suspended programs for currently enrolled students:</b> (if applicable)	
<b>B. The justification for this action:</b> The addition of virology is better suited in MLS 355 as a separate subject area since mycology and parasitology are specialty subject areas as well.	
<b>C. The projected cost (or savings) of this proposal is as follows:</b>	
Personnel Impact: N/A	
Operating Expenses Impact: N/A	
Equipment/Physical Facility Needs: N/A	
Library Resources: N/A	

**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 355 Mycology, ~~and Parasitology, and Virology.~~ (4) II.** Formerly CLS 355. Prerequisites: enrollment in the upper division MLS program or departmental approval. Study of fungi, ~~and parasites,~~ and viruses as agents of human disease, with emphasis on the clinical laboratory methods of microscopy, in vitro cultivation, identification, and quality control. 3 Lec/1 Lab. Credit will not be awarded for both CLS 355 and MLS 355.

**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	355	Fall 2016	AS _____ HS <b>X</b> BT _____ JS _____ ED _____ UP _____	EHCL
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
4	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	1	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 355 and MLS 355

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)		