

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

Part I

<input type="checkbox"/> (Check one) New Course (Parts II, IV)	Department Name	Physics and Astronomy	
<input checked="" type="checkbox"/> Course Revision (Parts II, IV)	College	Arts and Sciences	
<input type="checkbox"/> Hybrid Course ("S," "W")	*Course Prefix & Number	PHY 410	
<input type="checkbox"/> New Minor (Part III)	*Course Title	Independent Study in Physics: _____	
<input type="checkbox"/> Program Suspension (Part III)	*Program Title	_____	
<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)	

	<u>Date</u>		<u>Date</u>
Proposal Approved by: Departmental Committee	10/8/15	Council on Academic Affairs	2/18/16
College Curriculum Committee	10/19/15	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.)**A. 1. Specific action requested:** (Example: Increase the number of credit hours for ABC 100 from 1 to 2.)

To modify the description of PHY 410 to reflect its use as a true independent study course, so that it can be distinguished from the new directed research course. □

A. 2. Proposed Effective Academic Term: (Example: Fall 2012)

Fall 2016

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)**B. The justification for this action:**

Because research in physics is so important for our majors, we have been using PHY 410 for research projects; however, we decided to create a proper course for that purpose, so PHY 410 is being clarified in its description to be a true independent study course.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

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 ~~striketrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

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

PHY 410 Independent Study in Physics: __. (1-6) A. Prerequisite: PHY 202 or departmental approval. ~~Special laboratory experiments, development of new equipment, physics education research, or solution of special mathematical problems related to physics.~~ May be retaken to a maximum of six hours provided subject matter is different each time. Student must have the independent study form approved by faculty supervisor and department chair prior to enrollment.

Part III. Recording Data for Revised or Suspended Program

1. For a revised program, provide the current program requirements using ~~striketrough~~ for deletions and underlines for additions.
2. For a suspended program, provide the current program requirements as shown in catalog. List any options and/or minors affected by the program's suspension.

Revised* Program Text

(*Use ~~striketrough~~ for deletions and underlines for additions.)

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)*
PHY	410	Fall 2016	AS <input checked="" type="checkbox"/> HS _____ BT _____ JS _____ ED _____ UP _____	PHAS
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
	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)	
			FR _____ JR _____ 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. _____

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. _____

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)		