

**Substantial 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	Safety and Security	
<input type="checkbox"/> New Course (Parts II, IV)	College	Justice and Safety	
<input checked="" type="checkbox"/> Course Revision (Parts II, IV)	*Course Prefix & Number	SSE 860	
<input type="checkbox"/> Hybrid Course ("S," "W")	*Course Title (full title±)	Workers' Compensation Administration	
<input type="checkbox"/> New Minor (Part III)	*Program Title		
<input type="checkbox"/> Program Suspension (Part III)	If Certificate, indicate Long-Term (University) or Short-Term (Departmental)		
<input type="checkbox"/> Program Revision (Part III)	* Provide only the information relevant to the proposal.	± If Title is longer than 30 characters see Part IV to provide abbreviation	

  

Proposal Approved by:	<u>Date</u>		<u>Date</u>
Departmental Committee	11-03-2015	Council on Academic Affairs	3/24/16
College Curriculum Committee	01-20-2016	Faculty Senate**	NA
General Education Committee*	NA	Board of Regents**	NA
Teacher Education Committee*	NA	EFFECTIVE ACADEMIC TERM***	FALL 2016
Graduate Council*	02-26-2016		

\*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.)	Change the title of SSE 860 from "Workers' Compensation Administration" to "Injury Management".
<b>A. 2. Proposed Effective Academic Term:</b> (Example: Fall 2016) Fall 2016	
<b>A. 3. Effective date of suspended programs for currently enrolled students:</b> (if applicable) N/A	

  

<b>B. The justification for this action:</b>	The title "Injury Management" is more reflective of the course content and should have a greater impact on students registering for this value-added elective for students who wish to pursue a career in occupational safety.
--	--

  

<b>C. The projected cost (or savings) of this proposal is as follows:</b>	
<b>Personnel Impact:</b> N/A	
<b>Operating Expenses Impact:</b> N/A	
<b>Equipment/Physical Facility Needs:</b> N/A	
<b>Library Resources:</b> 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.)

**SSE 860 ~~Workers' Compensation Administration~~ Injury Management. (3) A. ~~Workers' compensation administration~~ Injury Management will review practical activities employers should engage to effectively manage injury/ illness claims. Transitional return to work and OSHA recordkeeping associated with ~~workers' compensation claim management~~ managing work related injuries.**

**Part III. Recording Data for Revised or Suspended Program**

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

## Revised\* Program Text

(\*Use ~~striethrough~~ 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 2016)	College/Division:	Dept. (4 letters)*
SSE	860	Fall 2016	AS _____ HS _____ BT _____ JS <u>x</u> ED _____ UP _____	DSAS
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. <u>0</u>	
3	Lecture _____	Laboratory _____	Other _____	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)	
1	3	N	FR _____ JR _____	
B	3	N	SO _____ SR _____	
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	Course Title Abbreviation:(30 character limit)	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		
<b>CoRequisites and Prerequisites</b> **See definitions on following page**				
<b>Co-Requisite(s):</b> (List only co-requisites. See below for prerequisites and combinations.)				
Course Prefix and No.				
Course Prefix and No.				
<b>Prerequisite(s):</b> (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)				
<b>Co-requisite(s) and/or Prerequisite(s) Combination</b> (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)				
<b>Equivalent Course(s):</b> (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

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