Code # Enter text…

**Course Revision Proposal Form**

**[X] Undergraduate Curriculum Council**

**[ ] Graduate Council**

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

Email completed proposals to [curriculum@astate.edu](mailto:curriculum@astate.edu) for inclusion in curriculum committee agenda.

|  |  |
| --- | --- |
| Stacy E. Walz 2/22/2017 **Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **COPE Chair (if applicable)** |
| Stacy E. Walz 2/22/2017 **Department Chair:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Head of Unit (If applicable)** |
| Deanna Barymon 3/9/2017 **College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Undergraduate Curriculum Council Chair** |
| Susan Hanrahan 3/16/17 Enter date… **College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Graduate Curriculum Committee Chair** |
| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **General Education Committee Chair (If applicable)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Vice Chancellor for Academic Affairs** |

1. Contact Person (Name, Email Address, Phone Number)

Rhonda Holcomb, [rholcomb@astate.edu](mailto:rholcomb@astate.edu), 680-4863

2. Proposed Starting Term and Bulletin Year for Change to Take Effect

Fall 2017

3. Current Course Prefix and Number

HP 4443

3.1 – NO Request for Course Prefix and Number change

If yes, include new course Prefix and Number below. *(Confirm that number chosen has not been used before. For variable credit courses, indicate variable range. Proposed number for experimental course is 9. )*

Enter text...

3.2 – If yes, has it been confirmed that this course number is available for use? Yes / No

*If no: Contact Registrar’s Office for assistance.*

4. Current Course Title

Healthcare Management

4.1 – NO Request for Course Title Change

If yes, include new Course Title Below. *If title is more than 30 characters (including spaces), provide short title to be used on transcripts. Title cannot have any symbols (e.g. slash, colon, semi-colon, apostrophe, dash, and parenthesis). Please indicate if this course will have variable titles (e.g. independent study, thesis, special topics).*

Enter text...

5. – NO Request for Course Description Change.

If yes, please include brief course description (40 words or fewer) as it should appear in the bulletin.

Enter text...

6. – YES Request for prerequisites and major restrictions change.

*(If yes, indicate all prerequisites. If this course is restricted to a specific major, which major. If a student does not have the prerequisites or does not have the appropriate major, the student will not be allowed to register).*

1. Are there any prerequisites? YES
   1. If yes, which ones?

The existing prerequisites are HP 2112 and HP 3673. We do not wish to modify this.

* 1. Why or why not?

1. Is this course restricted to a specific major? YES
   1. If yes, which major? BS in Health Studies (BSHS) or Departmental Approval

7. – YES Request for Course Frequency Change(e.g. Fall, Spring, Summer). *Not applicable to Graduate courses.*

a. If yes, please indicate new frequency:

Previously it was a Fall course; we wish to make it a Spring course.

8. – NO Request for Class Mode Change

*If yes, indicate if this course will be lecture only, lab only, lecture and lab, activity, dissertation, experiential learning, independent study, internship, performance, practicum, recitation, seminar, special problems, special topics, studio, student exchange, occupational learning credit, or course for fee purpose only (e.g. an exam)? Please choose one.*

Enter text...

9. – NO Request for grade type change

*If yes, what is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])*

Enter text...

10. Is this course dual listed (undergraduate/graduate)? NO

a. If yes, indicate course prefix, number and title of dual listed course.

Enter text...

11. Is this course cross listed? NO

*(If it is, all course entries must be identical including course descriptions. Submit appropriate documentation for requested changes. It is important to check the course description of an existing course when adding a new cross listed course.)*

1. If yes, please list the prefix and course number of cross listed course.

Enter text...

1. Are these courses offered for equivalent credit? Yes / No

Please explain. Enter text...

12. Is this course change in support of a new program? NO

a. If yes, what program?

Enter text...

13. Does this course replace a course being deleted? NO

a. If yes, what course?

Enter text...

14. Will this course be equivalent to a deleted course or the previous version of the course? NO

a. If yes, which course?

Enter text...

15. Does this course affect another program? NO

If yes, provide contact information from the Dean, Department Head, and/or Program Director whose area this affects.

Enter text...

16. Does this course require course fees? NO

*If yes: Please attach the New Program Tuition and Fees form, which is available from the UCC website.*

**Revision Details**

17. Please outline the proposed revisions to the course.

*Include information as to any changes to course outline, special features, required resources, or in academic rationale and goals for the course.*

The course is not being changed in any way. We simply need to ensure that the students for whom the course is required (BSHS students) are the only ones allowed to register for it. Should we have extra space in the course after all BSHS students are registered, we will entertain requests from non-BSHS students on a case-by-case basis.

18. Please provide justification to the proposed changes to the course.

See the explanation in Question 17 above.

19. Do these revisions result in a change to the assessment plan?

NO

*\*If yes: Please complete the Assessment section of the proposal on the next page.*

*\*If no: Skip to Bulletin Changes section of the proposal.*

***\*See question 19 before completing the Assessment portion of this proposal.***

**Assessment**

**University Outcomes**

20. Please indicate the university-level student learning outcomes for which this new course will contribute. Check all that apply.

|  |  |  |
| --- | --- | --- |
| * 1. **[ ]** Global Awareness | * 1. **[ ]** Thinking Critically | * 1. **[ ]** Information Literacy |

**Relationship with Current Program-Level Assessment Process**

21. What is/are the intended program-level learning outcome/s for students enrolled in this course? Where will this course fit into an already existing program assessment process?

Enter text...

22. Considering the indicated program-level learning outcome/s (from question #23), please fill out the following table to show how and where this course fits into the program’s continuous improvement assessment process.

*For further assistance, please see the ‘Expanded Instructions’ document available on the UCC - Forms website for guidance, or contact the Office of Assessment at 870-972-2989.*

|  |  |
| --- | --- |
| **Program-Level Outcome 1 (from question #23)** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Assessment Measure | Please include direct and indirect assessment measure for outcome. |
| Assessment  Timetable | What semesters, and how often, is the outcome assessed? |
| Who is responsible for assessing and reporting on the results? | Who (person, position title, or internal committee) is responsible for assessing, evaluating, and analyzing results, and developing action plans? |

*(Repeat if this new course will support additional program-level outcomes)*

**Course-Level Outcomes**

23. What are the course-level outcomes for students enrolled in this course and the associated assessment measures?

|  |  |
| --- | --- |
| **Outcome 1** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Which learning activities are responsible for this outcome? | List learning activities. |
| Assessment Measure | What will be your assessment measure for this outcome? |

*(Repeat if needed for additional outcomes)*

**Bulletin Changes**

|  |
| --- |
| **Instructions** |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Follow the following guidelines for indicating necessary changes.**  **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.**  - Deleted courses/credit hours should be marked with a red strike-through (~~red strikethrough~~)  - New credit hours and text changes should be listed in blue using enlarged font (blue using enlarged font).  - Any new courses should be listed in blue bold italics using enlarged font (***blue bold italics using enlarged font***)  *You can easily apply any of these changes by selecting the example text in the instructions above, double-clicking the ‘format painter’ icon 🡪 , and selecting the text you would like to apply the change to.*  *Please visit* [*https://youtu.be/yjdL2n4lZm4*](https://youtu.be/yjdL2n4lZm4) *for more detailed instructions.* |

Page 530:

**HP 4443. Healthcare Management** Investigation of management theories, organizational design and behavior, managerial skills and leadership, human resource management, and strategic planning involving various healthcare settings; development of interpersonal skills necessary to manage teams and lead organizational change. Restricted to BSHS majors or Departmental Approval. Prerequisite~~s~~, ~~HP 2112 and~~ HP 3673. ~~Fall.~~ Spring.