

**OHIO STATE COURSE CHANGE REQUEST**

College Social and Behavioral Sciences (SBS)

Department Speech and Hearing Science  
(e.g., Portuguese)

Book 3 Listing: Speech and Hearing Science

Proposed Effective Qtr/Yr: SU  AU  WI  SP  YEAR: 2004 (See OAA Manual for Deadlines)

**A. Course Offerings Bulletin Information.** Follow instructions in the *OAA Procedures Manual*. Before you fill out the "Present Course" information, be sure to check the latest edition of the Course Offerings Bulletin and subsequent Circulating Forms. You may find that the changes you need have already been made or that additional changes are needed.

\* If the course offered is less than quarter, term, or semester, please also complete the Flexibly Scheduled/Off Campus/Workshop Request form.

**COMPLETE ALL ITEMS THIS COLUMN**

Present Course

1. Book 3 Listing: Speech and Hearing

2. Number: 250

3. Full Title: Brain Mechanisms of Language

4. 18-Char. Transcript Title: \_\_\_\_\_

5. Level and Credit Hours U 5

6. Description: Exploration of the neurological basis of language in humans and other species: examination of language deficits casued by brain damage. (25 words or less)

7. Qtrs. Offered : SU  AU  WI  SP   
1st SEM  2nd SEM

8. Distribution of Contact Time: 2-2hr sessions/wk  
(e.g., 3 cl, 1 3-hr lab)

9. Prerequisite(s): \_\_\_\_\_

10. Exclusion: \_\_\_\_\_  
(Not open to....)

11. Repeatable to a maximum of \_\_\_\_\_ credits.

12. Off-Campus Field Experience: \_\_\_\_\_

13. Cross-listed with: \_\_\_\_\_

14. Check the curricular requirement this course fulfills:  
BER  LAR  GEC  3rd writing course

15. Grade option (circle): Ltr  S/U  P   
If P graded, what is the last course in the series? \_\_\_\_\_

16. Is an honors version of this course available? Y  N

17. Other general course information: mdm

**COMPLETE ONLY THOSE ITEMS THAT CHANGE**

Changes Requested

\_\_\_\_\_

\_\_\_\_\_

Brain and Language

\_\_\_\_\_

Brain and Language

\_\_\_\_\_

\_\_\_\_\_

SU  AU  WI  SP   
1st SEM  2nd SEM

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Repeatable to a maximum of \_\_\_\_\_ credits.

\_\_\_\_\_

\_\_\_\_\_

Cross listed with: \_\_\_\_\_

Check the curricular requirement this course fulfills:  
BER  LAR  GEC  3rd writing course

Grade option (circle): Ltr  S/U  P

Last course in Progress series: \_\_\_\_\_

Y  N

\_\_\_\_\_

(over)

**B. General Information:**

1. Do you want prerequisites enforced electronically?  
(See OAA Procedures Manual for what can be enforced.) YES  NO
2. Does this course currently satisfy any GEC requirement? YES  NO
3. What other units require this course?  
Have these changes been discussed with those units? YES  NO
4. Have these changes been discussed with academic units  
that might have a jurisdictional interest in the subject matter?  
[Attach relevant letters. ] YES  NO
5. Is the request contingent upon other requests? YES  NO


List: \_\_\_\_\_

6. Purpose of the proposed change. (If the proposed change affects the content of the course, attach a revised syllabus and course objectives.)  
change of name of the course to match current scientific vocabulary in the field

7. Describe any changes in library, equipment or other teaching aids needed as a result of the proposed change:

8. If the proposed change involves budgetary adjustments, describe the method of funding:


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**APPROVAL SIGNATURES** (As needed. All signatures on lines in ALL CAPS ( e.g. ACADEMIC UNIT) must be completed

 Barbara B. Fazio 3/31/03  
Academic Unit Undergraduate Studies Committee Chair (Undergrad course) Printed Name Date

Academic Unit Graduate Studies Committee Chair((Undergrad/Graduate course) Printed Name Date

School /College Undergrad Curriculum Committee (Undergrad/Grad course) Printed Name Date

School /College Graduate Curriculum Committee (Undergrad/Grad course) Printed Name Date

 **ROBERT FOX** 05-12-03  
ACADEMIC UNIT CHAIR/SCHOOL DIRECTOR Printed Name Date

 **DONALD HAURIN** 7-25-03  
COLLEGE DEAN Printed Name Date

Graduate School (If Appropriate) Printed Name Date

ASC Curriculum Committee Chair (If Appropriate) Printed Name Date

University Honors Center (If Appropriate) Printed Name Date

Office of International Education (study tour only) Printed Name Date

**ACADEMIC AFFAIRS** Printed Name Date