

**The Ohio State University**  
**Colleges of the Arts and Sciences Course Change Request**

**Social and Behavioral Sciences**

Academic Unit

**Anthropology**

**640.05**

Book 3 Listing (e.g., Portuguese)

Course Number

Summer      Autumn      Winter      Spring X      Year 2009

**Proposed effective date:** choose one quarter and put an "X" after it; and fill in the year. See the OAA curriculum manual for deadlines.

**A. Course Offerings Bulletin Information.** Follow instructions in the OAA curriculum 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 or term, please also complete the Flexibly Scheduled/OffCampus/Workshop Request form.

**COMPLETE ALL ITEMS THIS COLUMN**

**Present Course**

1. Book 3 Listing: **Anthropology**

2. Number: **640.05**

3. Full Title: **Biology of Senescence**

4. 18-Char. Transcript Title: **N/A**

5. Level and Credit Hours **U G 5**

6. Description: **Biology of human senescence, aging, longevity, and chronic disease; evolutionary theories, mechanistic models, biocultural influences, cellular and physiological processes; biodemography, interventions, hormesis.**

7. Qtrs. Offered : **Sp. Qtr.**

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

9. Prerequisite(s): **Anthro 200 or Bio 101 or permission of instructor**

10. Exclusion: **N/A**  
(Not open to....)

11. Repeatable to a maximum of **0** credits.

12. Off-Campus Field Experience: **No.**

13. Cross-listed with: **N/A**

14. Is this a GEC course? **No.**

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   
Is an Embedded Honors version of this course **no**

available? Y  N

17. Other general course information:

**COMPLETE ONLY THOSE ITEMS THAT CHANGE Changes Requested**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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8. \_\_\_\_\_

9. **Anthro 200 or Bio 101 or Bio 113 or permission of the instructor**

10. \_\_\_\_\_

11. \_\_\_\_\_

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14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

\_\_\_\_\_

17. \_\_\_\_\_

**B. General Information**

1. Do you want the prerequisites enforced electronically (see the OAA manual for what can be enforced)?  
Yes.

2. Does this course currently satisfy any GEC requirement, if so indicate which category?  
No.

3. What other units require this course? Have these changes been discussed with those units?  
School of the Allied Medical Professions. They recommended this change.

4. Have these changes been discussed with academic units that might have a jurisdictional interest in the subject matter? Attach relevant letters.  
No.

5. Is the request contingent upon other requests, if so, list the requests?  
N/A

6. Purpose of the proposed change. (If the proposed change affects the content of the course, attach a revised syllabus and course objectives and e-mail to [asccurrofc@osu.edu](mailto:asccurrofc@osu.edu).)

**To simplify registration for students enrolled in the School of Allied Medical Professions.**

7. Please list Majors/Minors affected by the proposed change. Attach revisions of all affected programs. This course is (check one):  
 Required on major(s)/minor(s)       A choice on major(s)/minors(s)  
 An elective within major(s)/minor(s)       A general elective:

8. Describe any changes in library, equipment or other teaching aids needed as a result of the proposed change or if the proposed change involves budgetary adjustments, describe the method of funding:  
N/A

**Approval Process** The signatures on the lines in ALL CAPS ( e.g. ACADEMIC UNIT) are required.

1.  W. Scott McGraw 2/14/08  
Academic Unit Undergraduate Studies Committee Chair Printed Name Date

2.  Jeffrey K McKee 2/18/08  
Academic Unit Graduate Studies Committee Chair Printed Name Date

3.  Clare Larson 2/18/08  
**ACADEMIC UNIT CHAIR/DIRECTOR** Printed Name Date

4. After the Academic Unit Chair/Director signs the request, forward the form to the ASC Curriculum Office, 105 Brown Hall, 190 West 17<sup>th</sup> Ave. or fax it to 688-5678. Attach the syllabus and any supporting documentation in an e-mail to [asccurrofc@osu.edu](mailto:asccurrofc@osu.edu). The ASC Curriculum Office will forward the request to the appropriate committee.

5. COLLEGE CURRICULUM COMMITTEE Printed Name Date

6. ARTS AND SCIENCES EXECUTIVE DEAN Printed Name Date

7. Graduate School (if appropriate) Printed Name Date

8. University Honors Center (if appropriate) Printed Name Date

9. Office of International Affairs (study tours only) Printed Name Date

10. ACADEMIC AFFAIRS Printed Name Date

