## The Ohio State University Colleges of the Arts and Sciences Concurrence Form

The purpose of this form is to provide a simple system of obtaining departmental reactions to course requests. A letter may be substituted for this form.

An academic unit initiating a request should complete Section A of this form and send a copy of the form, course request, and syllabus to each of the academic units that might have related interests in the course. Initiating units should be allowed two weeks for responses.

Academic units receiving this form should respond to Section B and return the form to the initiating unit. Overlap of course content and other problems should be resolved by the academic units before this form and all other accompanying documentation may be forwarded to the Office of Academic Affairs.

A. Information from t	he acad	emic unit <i>initiatin</i>	g the request			
History			5/7/08			
Initiating Academic Un	it			Date		
History				<u> </u>		
Book 3 Listing (e.g., Po	ortuguese	9)				
520.01	Science	e and Society in E	arly Modern Europe	υ_	5	
Course Number	Title			Level	Credit Hours	
Type of Request (unde	erlined):	New Course	Course Change	Course Withdr	awal Other	
(Please				specify your department here)		
Academic unit asked to	o review	the request				
5/21/08						
B. Information from proposal, including a separate sheet, if nec	stateme essary).	ent of support or	ewing the request a non-support (contin	ued on the back	of this form or a	
Signatures 1. Name	<u>~</u>	Position	Dock SA	stronomy	5   15   Of	
2. Name		Position	Unit		Date	
3. Name		Position	Unit		Date	

Please return this form to the ASC Curriculum Office, 4132 Smith Lab, 174 W. 18<sup>th</sup> Ave, or fax to 688-5678.

09/24/07

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A. I	nformation from	the acad	lemic unit <i>initiatir</i>	g the request		
Hist	orv	5/7/08	5/7/08			
	ating Academic U	nit	Date	Date		
Hist	ory					
Воо	k 3 Listing (e.g., F	Portugues	e)			
520	20.02 Science and Society in Modern Europe				U	5
	rse Number	Title			Level	Credit Hours
Тур	e of Request (und	derlined):	New Course	Course Change	Course Witho	Irawal Other
	(Please s			pecify your department here)		
Aca	demic unit asked	to review	the request			
5/21	1/08					
Dat	e response is nee	eded (with	in two weeks of ab	ove date)		
sep	arate sheet, if ne	cessary).		non-support (contin	ued on the bac	k of this form or a
Sigr	natures OVE	٨	char	Deat of Att	(Prowy	5/14/08
1.	Name	<u> </u>	Position	Unit	3	Date
2.	Name		Position	Unit		Date
3.	Name	<del></del> -	Position	Unit		Date