

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

Mathematics

Academic Unit _____

Mathematics 50, 117, 151, 152, 153, 161, 162, 187, 254, 255, 263, 415, 530, 568, 594, 694

Book 3 Listing (e.g., Portuguese) _____

Course Number _____

Summer X Autumn Winter Spring 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: Mathematics _____
2. Number: 50, 117, 151, 152, 153, 161, 162, 187, 254, 255, 263, 415, 530, 568, 594, 694 _____
3. Full Title: see attached _____
4. 18-Char. Transcript Title: _____
5. Level and Credit Hours _____
6. Description:
(25 words or less) _____
7. Qtrs. Offered: _____
8. Distribution of Contact Time:
(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. Is this a GEC course? _____
15. Grade option (circle): Ltr S/U P
If P graded, what is the last course in the series? _____
16. a) Is an honors version of this course available? Y N
- b) Is an Embedded Honors version of this course available?
Y N
- c) Is this a Service Learning Course: Y N
17. Other general course information: _____

COMPLETE ONLY THOSE ITEMS THAT CHANGE

Changes Requested

1. _____
2. see attached _____
3. no change _____
4. no change _____
5. no change _____
6. no change though "Other General Course Information"
has changed (see attached). _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. a) _____
- b) _____
- c) _____
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.
Some of the courses satisfy the Quantitative Category requirement.

3. What other units require this course? Have these changes been discussed with those units?

4. Have these changes been discussed with academic units that might have a jurisdictional interest in the subject matter? Attach relevant letters.

5. Is the request contingent upon other requests? if so list the requests.

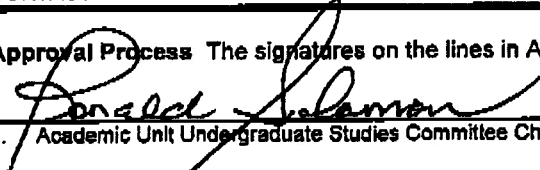
6. Purpose of the proposed change. (If the proposed change affects the content of the course, attach a revised syllabus and course objectives and e-mail to ascurofc@osu.edu.)
This change has been necessitated by the SIS implementation and the inability to continue to use most letter suffixes to distinguish courses.

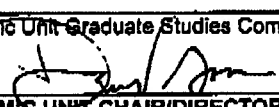
7. Please list Majors/Minors affected by the proposed change. Attach revisions of all affected programs. This course is (check one):
 Required on major(s)/minor(s) A choice on major(s)/minors(s)
 An elective within major(s)/minor(s) A general elective:

8. Describe any changes in library, equipment or other teaching aids needed as a result of the proposed change. If the proposed change involves budgetary adjustments, describe the method of funding:
No adjustment necessary.

CONTACT PERSON: _____ EMAIL: _____ PHONE: _____

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

1.  RONALD SOLOMON 10/8/08
 Academic Unit Undergraduate Studies Committee Chair Printed Name Date

2.  _____ DAVID GROSS 10/8/08
 Academic Unit Graduate Studies Committee Chair Printed Name Date

3. 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, 4132 Smith Lab, 174 West 18th Ave. or fax it to 688-5678. Attach the syllabus and any supporting documentation in an e-mail to ascurofc@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