Course Change Request

College	**BIO**
Course Bulletin Listing	**MICRBIOL - MICROBIOLOGY**
Course Prefix	
Course Number	**581**
Course Decimal	
Full Course Title	**Microbial Genetics**
Transcript Title	**MICROBIAL GENETICS**
Level	**U G**
Credit Hours	**5**

College BIO

Course Bulletin Listing MICRBIOL - MICROBIOLOGY

Course Prefix   Course Number 581   ☑ Generic course or decimal subdivision?   Course Decimal 01

Full Course Title Microbial Genetics

Transcript Title MICROBIAL GENETICS

Level ☑ Undergraduate   Credit Hours 3
☑ Graduate ☐ Professional

Proposed Effective Year 09   Proposed Effective Term Autumn Quarter

Course Bulletin

Course Description	Structure, maintenance, expression, and exchange of genetic materials in microbial cells.

Course Description Structure, maintenance, expression, and exchange of genetic materials in microbial cells.

Terms Offered Quarter(s)
☑ Autumn
☐ Winter
☑ Spring
☐ Summer
☐ Summer 1
☐ Summer 2

Terms Offered	**AU SP**

Offering Pattern ☑ This year ☐ Every other year

Offering Pattern	**This year**
Distribution of Class Time	**3 cl, 2 2.5-hr labs.**

Distribution of Class Time 3 cl

Omit distribution of class time from printing? ☑

Prerequisities Prereq: 520 or Mol Gen 500.

Prerequisities	Prereq: 520 or Mol Gen 500.

☑ Electronic enforcement of prerequisites?

Exclusion or Limiting Clause	

Exclusion or Limiting Clause
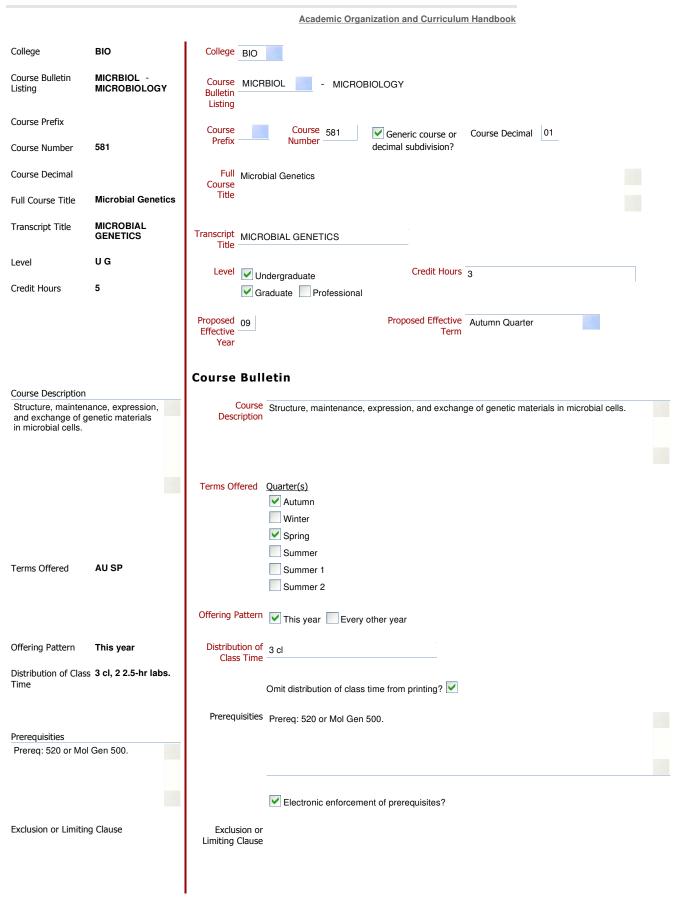
Not open to students with credit for 680.

Not open to students with credit for 581 or 680.

Repeatable? ☐

Max Repeatable Credit Hours

Grade Option   L

Repeatable? ☐

Cross Listed? ☐

Course part of a sequence? ☐

Grade Option   ◉ Letter ○ S/U ☐ Progress

☐ **GEC Course**

General Course Information Statement

Honors Statement ☐

☐ Off Campus/Field Experience?
☐ EM Credit?
☐ Admission Condition Course?
☐ Offered in Distance Learning Format?
☐ Service Learning?

General Information

Subject (CIP) Code 260804   Subsidy Level   D

If you have questions, please contact Jed Dickhaut @ dickhaut.1@osu.edu.

Expected Section Size 36   Proposed Number of Sections Per Year 6

☐ Course time less than 1 full term or Workshop

☐ Off-campus offering?

☐ Required on Major(s)

☐ Required on Minor(s)

☐ Elective within Major(s)

☐ Elective within Minor(s)

☐ Choice of Major(s)

☐ Choice of Minor(s)

☐ A General Elective

Indicate the nature of the program adjustments, new funding, and/or withdrawals that make possible the implementation of this new course. Evidence must be given of whether the budget support will come from reallocation of existing resources or from new program funds.

none needed

Is approval of this request contingent upon the approval of other course or curricular requests?   ● Yes   ○ No

Describe any changes in library, equipment, or teaching aids needed

Purpose of the proposed change

Demand for this course has outpaced the ability of the Department to accommodate the students. Uncoupling the lecture and laboratory sections will allow us to expand the enrollment for the lecture sections offered in Au and Sp. The laboratory section, new course proposal 581.02, will be offered Au, Wi and Sp to accomdodate the increased student demand.

☐ Proposed change impacts course contents?

Describe the method of funding if the proposed changes involves budgetary adjustments

Please complete and attach the form(s) on the following page before completing the package.

Course Supplement Form

Course Contact Information

Faculty Name   Charles J. Daniels

Faculty Email   daniels.7@osu.edu

Contact Name   Peggy Milliman-Wing

Contact Dept   Microbiology

Contact Email   milliman-wing.1@osu.edu

Contact Phone   292-2301

Save   **Validate**

THE OHIO STATE UNIVERSITY ▮ WWW.OSU.EDU