

Course Change Request

Academic Organization and Curriculum Handbook

College **ASC**

Course Bulletin Listing **ARTS&SCI - ARTS AND SCIENCES**

Course Prefix

Course Number **800**

Course Decimal

Full Course Title **Disability Studies Workshop**

Transcript Title **DISAB ST WKSHP**

Level **G**

Credit Hours **2**

College

Course Bulletin Listing - ARTS AND SCIENCES

Course Prefix Course Number Generic course or decimal subdivision?

Full Course Title

Transcript Title

Level Undergraduate Graduate

Credit Hours

Proposed Effective Year Proposed Effective Term

Course Bulletin

Course Description
Structured participation in seminar/event organized for that quarter.

Terms Offered

Offering Pattern **This year**

Distribution of Class Time

Prerequisites

Exclusion or Limiting Clause

Course Description

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

Offering Pattern This year Every other year

Distribution of Class Time

Omit distribution of class time from printing?

Prerequisites

Electronic enforcement of prerequisites?

Exclusion or Limiting Clause

Repeatable?

Max Repeatable Credit Hours **4**

Grade Option **S**

Repeatable? **Max Repeatable Credit Hours** 4

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 309999 **Subsidy Level** D

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

Expected Section Size 25 **Proposed Number of Sections Per Year** 3

- 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)

List of Minor Programs GIS in Disability Studies and Disability Studies Undergraduate Minor

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.

NA

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

The course number is being changed so that undergraduate students may also enroll.

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 Brenda Brueggemann

Faculty Email brueggemann.1@osu.edu

Contact Name Jessica Mercerhill

Contact Dept Interdisciplinary Programs

Contact Email

mercerhill.1@osu.edu

Contact Phone 2-6248

Save

Validate