

Course Change Request

Academic Organization and Curriculum Handbook

College **ASC**

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

Course Prefix

Course Number **338**

Course Decimal **04**

Full Course Title **Professional Pathways in Health**

Transcript Title **PROF-HEALTH**

Level **U**

Credit Hours **1-2**

College

Course Bulletin Listing - ARTS AND SCIENCES

Course Prefix Course Number Generic course or decimal subdivision? Course Decimal

Full Course Title

Transcript Title

Level Undergraduate Graduate Credit Hours

Proposed Effective Year Proposed Effective Term

Course Bulletin

Course Description

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 **10**

Grade Option **S**

Honors Statement

Repeatable? Max Repeatable Credit Hours 10

Cross Listed?

Course part of a sequence?

Grade Option Letter S/U Progress

GEC Course

General Course Information Statement

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

General Information

Subject (CIP) Code 519999 Subsidy Level G

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

Expected Section Size 0 Proposed Number of Sections Per Year 0

- 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.

N/A

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

While the Pathways Program generally speaking contains 1 and 2 credit seminars, the individual seminars should not be variable. This change is to correct the variability currently listed for the seminar.

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 Ken Hale

Faculty Email hale@pharmacy.ohio-state.edu

Contact Name Jessica Mercerhill

Contact Dept Interdisciplinary Programs

Contact Email mercerhill.1@osu.edu

Contact Phone 2-6248

Save

Validate

THE OHIO STATE UNIVERSITY ■ WWW.OSU.EDU