Course Change Request

College	**ASC**
Course Bulletin Listing	**ARTS&SCI - ARTS AND SCIENCES**
Course Prefix	
Course Number	**338**
Course Decimal	**05**
Full Course Title	**Professional Pathways in Non-Profit Organizations**
Transcript Title	**PROF-NON PROFIT**
Level	**U**
Credit Hours	**1-2**

College ASC

Course Bulletin Listing ARTS&SCI - ARTS AND SCIENCES

Course Prefix ___ Course Number 338 ☑ Generic course or decimal subdivision? Course Decimal 05

Full Course Title Professional Pathways in Non-Profit Organizations

Transcript Title PROF-NON PROFIT

Level ☑ Undergraduate ☐ Graduate Credit Hours 2

Proposed Effective Year ___ Proposed Effective Term ___

Course Bulletin

Course Description	
Terms Offered	
Offering Pattern	**This year**
Distribution of Class Time	
Prerequisities	
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? ☑

Prerequisities ___

☑ Electronic enforcement of prerequisites?

Exclusion or Limiting Clause ___

Repeatable? ✔

Max Repeatable **10**
Credit Hours

Grade Option **S**

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

Honors Statement ☐

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

General Information

Subject (CIP) Code 240101   Subsidy Level   B ▮

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	Terry Gustafson
Faculty Email	gustafson.5@osu.edu
Contact Name	Jessica Mercerhill
Contact Dept	Interdisciplinary Programs
Contact Email	mercerhill.1@osu.edu
Contact Phone	2-6248

Save	Validate

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