

**APPENDIX D:**  
**Program Concurrence Forms**

**The Ohio State University  
Colleges of the Arts and Sciences Program Concurrence Form**

The purpose of this form is to provide a simple system of obtaining departmental and college reactions to proposed development of and changes to academic programs. A letter may be substituted for this form.

An academic unit initiating a request should complete Section A of this form and send a copy of the form, course request, and syllabus to each of the academic units that might have related interests in the course. Initiating units should be allowed two weeks for responses.

Academic units receiving this form should respond to Section B and return the form to the initiating unit. Overlap of course content and other problems should be resolved by the academic units before this form and all other accompanying documentation may be forwarded to the Office of Academic Affairs.

**A. Information from the academic unit *initiating* the request**

Colleges of the Arts and Sciences February 20, 2006  
 \_\_\_\_\_  
 Initiating Academic Unit Date

Aging  
 \_\_\_\_\_  
 Program Title

Minor Undergraduate  
 \_\_\_\_\_  
 Program Type (Major or Major Track/Minor or Minor Track/Certificate) Level

Type of Request (Circle):  New Program     Program Change

Department of Anthropology  
 \_\_\_\_\_  
 Academic unit asked to review the request

March 6, 2006  
 \_\_\_\_\_  
 Date response is needed

**B. Information from the academic unit *reviewing* the request should include a reaction to the proposal, including a statement of support or non-support (continued on the back of this form or a separate sheet, if necessary).**

*Excellent minor!*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signatures**

1. <i>[Signature]</i>	Chair	Anthropology	2/20/06
Name	Position	Unit	Date
2. Name	Position	Unit	Date
3. Name	Position	Unit	Date

**The Ohio State University**  
**Colleges of the Arts and Sciences Program Concurrence Form**

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An academic unit initiating a request should complete Section A of this form and send a copy of the form, course request, and syllabus to each of the academic units that might have related interests in the course. Initiating units should be allowed two weeks for responses.

Academic units receiving this form should respond to Section B and return the form to the initiating unit. Overlap of course content and other problems should be resolved by the academic units before this form and all other accompanying documentation may be forwarded to the Office of Academic Affairs.

**A. Information from the academic unit *initiating* the request**

Colleges of the Arts and Sciences February 20, 2006  
 \_\_\_\_\_  
 Initiating Academic Unit Date

Aging  
 \_\_\_\_\_  
 Program Title

Minor Undergraduate  
 \_\_\_\_\_  
 Program Type (Major or Major Track/Minor or Minor Track/Certificate) Level

Type of Request (Circle):  New Program     Program Change

Department of Consumer Sciences  
 \_\_\_\_\_  
 Academic unit asked to review the request

March 6, 2006  
 \_\_\_\_\_  
 Date response is needed

**B. Information from the academic unit *reviewing* the request should include a reaction to the proposal, including a statement of support or non-support (continued on the back of this form or a separate sheet, if necessary).**

The Department of Consumer Sciences supports including FRM 561 and TC 720 in the proposal for an  
 \_\_\_\_\_  
 Interdisciplinary undergraduate minor in Aging within the college of Arts and Sciences.  
 \_\_\_\_\_

**Signatures**

1. Gregory Hoag professor and chair consumer sciences 2/22/06  
 Name Position Unit Date

2. \_\_\_\_\_  
 Name Position Unit Date

3. \_\_\_\_\_  
 Name Position Unit Date

**The Ohio State University**  
**Colleges of the Arts and Sciences Program Concurrence Form**

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An academic unit initiating a request should complete Section A of this form and send a copy of the form, course request, and syllabus to each of the academic units that might have related interests in the course. Initiating units should be allowed two weeks for responses.

Academic units receiving this form should respond to Section B and return the form to the initiating unit. Overlap of course content and other problems should be resolved by the academic units before this form and all other accompanying documentation may be forwarded to the Office of Academic Affairs.

**A. Information from the academic unit *initiating* the request**

Colleges of the Arts and Sciences February 20, 2006  
 Initiating Academic Unit Date

Aging  
 Program Title

Minor Undergraduate  
 Program Type (Major or Major Track/Minor or Minor Track/Certificate) Level

Type of Request (Circle):  New Program  Program Change

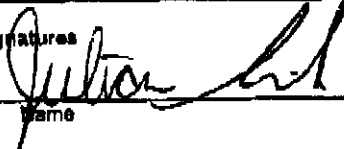
Department of Human Development and Family Science  
 Academic unit asked to review the request

March 8, 2006  
 Date response is needed

**B. Information from the academic unit *reviewing* the request should include a reaction to the proposal, including a statement of support or non-support (continued on the back of this form or a separate sheet, if necessary).**

The Department of Human Development and Family  
 Science supports a minor in Aging

Signatures

1.		Chair	HDFS	2-20-06
1.	Name	Position	Unit	Date
2.	Name	Position	Unit	Date
3.	Name	Position	Unit	Date

Please return this form to the ASC Curriculum Office, 105 Brown Hall, 190 W. 17<sup>th</sup> Avenue or fax to 688-5878.

08/09/05

## Linda Schoen

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**From:** Menke, Edna [emenke@con.ohio-state.edu]  
**Sent:** Friday, March 03, 2006 12:13 PM  
**To:** schoen.16@osu.edu  
**Cc:** Lenz, Betty; Daley, Linda; Ahjeych, Karen; Potter, Susan  
**Subject:** Interdisciplinary Undergraduate Minor in Aging

Dear Linda,

As Chair of Undergraduate Studies in the College of Nursing, I want to provide an update regarding the Interdisciplinary Undergraduate Minor in Aging proposal. At our Faculty Meeting yesterday, the faculty voted in support of the proposal and inclusion of Nursing 403 Nursing Care of Older Adults. I am in the process of getting the signatures for the concurrence form.

We will provide a copy of the current Nursing 403 syllabus that will need to be modified for non-nurses enrolled in the course.

**Edna M. Menke, Ph.D., R.N.**  
**Associate Professor**  
**The Ohio State University**  
**College of Nursing**  
**1585 Neil Avenue**  
**Rm 360 Newton Hall**  
**Columbus, OH 43210**  
**614-292-8045**  
**e-mail: menke.3@osu.edu**  
**614-292-4948 (fax)**

**The Ohio State University  
Colleges of the Arts and Sciences Program Concurrence Form**

The purpose of this form is to provide a simple system of obtaining departmental and college reactions to proposed development of and changes to academic programs. A letter may be substituted for this form.

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**A. Information from the academic unit *initiating* the request**

Colleges of the Arts and Sciences February 20, 2006  
 Initiating Academic Unit Date

Aging  
 Program Title

Minor Undergraduate  
 Program Type (Major or Major Track/Minor or Minor Track/Certificate) Level

Type of Request (Circle):  New Program     Program Change

Department of Psychology  
 Academic unit asked to review the request

March 6, 2006  
 Date response is needed

**B. Information from the academic unit *reviewing* the request should include a reaction to the proposal, including a statement of support or non-support (continued on the back of this form or a separate sheet, if necessary).**

Please see the attached letter of support.

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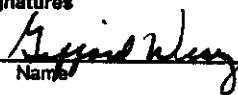


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**Signatures**

1.		Gifford Weary, Chair, Dept of Psychology	2.28.06
	Name	Position	Unit
2.			
	Name	Position	Unit
3.			
	Name	Position	Unit



**Department of Psychology**

225 Psychology Building  
1835 Neil Avenue  
Columbus, OH 43210

[www.psy.ohio-state.edu](http://www.psy.ohio-state.edu)

February 28<sup>th</sup>, 2006

ASC Curriculum Office  
105 Brown Hall  
190 W 17<sup>th</sup> Avenue  
Campus

Dear ASC Curriculum Committee:

The Department of Psychology is pleased to enthusiastically support the proposal of the Interdisciplinary Minor in Aging. (We do note that Psych 340 is now a 5 hour credit course.)

Please do not hesitate to contact me with further questions at 292-3038.

Sincerely,

A handwritten signature in black ink that reads "Gifford Weary".

Gifford Weary, Ph.D.  
Professor and Chair  
Department of Psychology

**Linda Schoen**

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**From:** Bill Meezan [meezan.1@osu.edu]  
**Sent:** Tuesday, February 28, 2006 11:29 AM  
**To:** 'Linda Schoen'  
**Cc:** 'Ginny Richardson'  
**Subject:** RE: Interdisciplinary Undergraduate Minor in Aging  
**Follow Up Flag:** Follow up  
**Flag Status:** Red

Hi Linda,

I have vetted the proposal for an Interdisciplinary Undergraduate Minor in Aging through the appropriate faculty and staff here at the College of Social Work, and am pleased to report that with some very minor additions and revisions I would be able to sign off on your concurrence. The proposal was very well received; it is clearly well thought out and well developed leaving no questions about its worth in any of our minds. We are delighted that the minor is being developed.

Here are our minor comments which I would like to see incorporated into this proposal:

P. 2 – First paragraph of the actual proposal – social work should be listed under the disciplines which makes aging interdisciplinary.  
P. 4 – Social Work 695.xx Caregiving Across the Life Span... has now been approved by the faculty and OAA and its official number is Social Work 695.24  
P. 4 – We would like to add Social Work 695.xx Women and Aging: International Perspectives as an elective in the minor. This course will come to faculty for a vote at the March meeting and then will be processed in the university; we fully expect that it will be on the books by the time the minor is approved.  
P. 9 – Appendix B. There are NO prerequisites for either 695.14 or 695.24 and we do not expect prerequisites for the new 695.xx

Now for the real OCD behavior on the part of my staff. On P. 9, Appendix B, I have been told that no prerequisites are listed on the RCPS screen for Allied Med 667 and the that prerequisite for Allied Med 721 according the RCPS screen is 720 or permission of the instructor.

Hope this helps. Do let me know if these small changes can be accommodated. At the point that they are, I would be happy to officially sign off on this very worthwhile endeavor.

Bill

William Meezan, DSW, ACSW  
Dean and Professor  
College of Social Work  
The Ohio State University  
Stillman Hall -- 1947 College Road  
Columbus, OH 43210  
(614) 292-5300 (phone)  
(614) 292-6940 (fax)  
meezan.1@osu.edu

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**From:** Linda Schoen [mailto:schoen.16@osu.edu]  
**Sent:** Monday, February 20, 2006 10:27 AM  
**To:** meezan.1@osu.edu  
**Cc:** richardson.2@osu.edu; 'Linda Schoen'; alexander.2@osu.edu  
**Subject:** Interdisciplinary Undergraduate Minor in Aging

2/28/2006



Dear Dean Meezan,

A group of interested faculty have been working on an interdisciplinary undergraduate minor in Aging. We would like to include the following courses below in the minor and request your concurrence to do so. If you have other courses that you would like considered, please send me the syllabi and I will be happy to forward them to the development committee for consideration. It would be great if you could return the concurrence form by March 6, 2006. If you need additional time, please let me know.

Thanks!

Linda

Social Work 695.14 Aging  
Social Work 695.xx Caregiving across the Life Span (Proposed)

Linda G. Schoen  
Assistant Executive Dean  
Office of Interdisciplinary Programs  
Colleges of the Arts and Sciences  
The Ohio State University  
105 Brown Hall  
190 West Seventeenth Avenue  
Columbus, OH 43210  
(614) 247-8277  
schoen.16@osu.edu

**The Ohio State University  
Colleges of the Arts and Sciences Program Concurrence Form**

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**A. Information from the academic unit *initiating* the request**

Colleges of the Arts and Sciences February 20, 2006  
 Initiating Academic Unit Date

Aging  
 Program Title

Minor Undergraduate  
 Program Type (Major or Major Track/Minor or Minor Track/Certificate) Level

Type of Request (Circle):  New Program  Program Change

Department of Theatre  
 Academic unit asked to review the request

March 6, 2006  
 Date response is needed

**B. Information from the academic unit *reviewing* the request should include a reaction to the proposal, including a statement of support or non-support (continued on the back of this form or a separate sheet, if necessary).**

THE DEPARTMENT OF THEATRE SUPPORTS THIS REQUEST.

**Signatures**

		CAITIE	THEATRE	2/20/06
1. Name	Position	Unit	Date	
		DIRECTOR OF U/g Studies	THEATRE	2/20/06
2. Name	Position	Unit	Date	
		Director Grad Studies	Theatre	2-20-06
3. Name	Position	Unit	Date	