Ohio State Department Course Review Concurrence Form

The purpose of this form is to provide a simple system of obtaining departmental reactions to proposed new courses, group studies, study tours, workshop requests, and course changes. A letter may be substituted for this form.

Academic units initiating a request which requires such a reaction 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 allow at least two weeks for responses.

Academic units receiving this form should response 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 forwarding this form and all other accompanying documentation to the Office of Academic Affairs.

A. Information from academic unit <i>initiating</i> the request:	
Initiating Academic Unit: History/Pharmacy Date: 10	<u>0/11/</u> 17
Registrar's Listing: HIST/PHR	
Course Number: 3708 Level: U 🗹 P 🗌 G 🗌 Credit Hours: 🤇	3.0
Course Title: Vaccines: A Global History	
Type of Request: New Course Group Studies Workshop Study Tour Cour Change	se
Academic Unit with related interests asked to review the request (use a separate form for unit while requesting concurrences from multiple units):	each
Date responses are needed: 10/25/17	
B. Information from academic units <i>reviewing</i> the request:	
✓ The academic unit <i>supports</i> the proposal ☐ The academic unit <i>does not support</i> the proposal. Please explain:	
We enthusiastically support this course, and when accepted, we will add this course as a elective in the Microbiology B.S. program.	<u>a leve</u> l II
The academic unit suggests:	
Urchad _ Isha	

Signature of Department Chair

Signature of Graduate Studies Chair (if applicable)