## The Ohio State University
## Colleges of the Arts and Sciences Course Change Request

French and Italian
Academic Unit

Italian                                                          601
Book 3 Listing (e.g., Portuguese)                         Course Number

Summer          Autumn X            Winter            Spring            Year 2007
**Proposed effective date:** choose one quarter and put an "X" after it; and fill in the year. See the OAA curriculum manual for deadlines.

**A. Course Offerings Bulletin Information.** Follow instructions in the OAA curriculum manual.
Before you fill out the "Present Course" information, be sure to check the latest edition of the Course Offerings Bulletin and subsequent Circulating Forms. You may find that the changes you need have already been made or that additional changes are needed. If the course offered is less than quarter or term, please also complete the Flexibly Scheduled/OffCampus/Workshop Request form.

| COMPLETE ALL ITEMS THIS COLUMN | COMPLETE ONLY THOSE ITEMS THAT CHANGE |
|---|---|
| **Present Course** | **Changes Requested** |
| 1. Book 3 Listing: Italian | 1. |
| 2. Number: 601 | 2. |
| 3. Full Title: Modern Italian Syntax | 3. Structures of the Italian Language |
| 4. 18-Char. Transcript Title: Modern IT Syntax | 4. Structures |
| 5. Level and Credit Hours  UG 5 | 5. |
| 6. Description: Study of modern Italian syntax with (25 words or less) emphasis on review of complex structures and current tendencies in syntactic analysis. | 6. Introduction to the basic concepts of Italian linguistics; improve and refine your understanding of grammar; focus on several advanced-level structures. |
| 7. Qtrs. Offered : Au Wi Sp | 7. Variable |
| 8. Distribution of Contact Time: 3-cl, 1.5 hrs (e.g., 3 cl, 1 3-hr lab) | 8. |
| 9. Prerequisite(s): 401 or permission of instructor | 9. Two 400-level courses, or permission of instructor |
| 10. Exclusion: (Not open to....) | 10. Not open to native speakers of Italian. |
| 11. Repeatable to a maximum of _____ credits. | 11. |
| 12. Off-Campus Field Experience: | 12. |
| 13. Cross-listed with: | 13. |
| 14. Is this a GEC course?  No | 14. |
| 15. Grade option (circle):   XLtr   S/U   P If P graded, what is the last course in the series? | 15. |
| 16. Is an honors version of this course available?  No | 16. |
| 17. Other general course information: | 17. |

## B. General Information

1.  Do you want the prerequisites enforced electronically (see the OAA manual for what can be enforced)?
    Yes

2.  Does this course currently satisfy any GEC requirement, if so indicate which category?
    No

3.  What other units require this course? Have these changes been discussed with those units?
    NA

4.  Have these changes been discussed with academic units that might have a jurisdictional interest in the subject matter? Attach relevant letters.
    NA

5.  Is the request contingent upon other requests, if so, list the requests?
    No

6.  **Purpose of the proposed change. (If the proposed change affects the content of the course, attach a revised syllabus and course objectives and e-mail to asccurrofc@osu.edu.)**
    The change is part of the revision to the entire Undergraduate Italian curriculum. All of the necessary documents have been submitted.

7.  Please list Majors/Minors affected by the proposed change. Attach revisions of all affected programs. This course is (check one):
    ☐ Required on major(s)/minor(s)    X☐ A choice on major(s)/minors(s)
    ☐ An elective within major(s)/minor(s)   ☐ A general elective:

8.  Describe any changes in library, equipment or other teaching aids needed as a result of the proposed change or if the proposed change involves budgetary adjustments, describe the method of funding:
    NA

---

Approval Process  The signatures on the lines in ALL CAPS ( e.g. ACADEMIC UNIT) are required.

1.  _Janice M. Aski_ _____         _Janice M. Aski_     _6/21/06_
    Academic Unit Undergraduate Studies Committee Chair          Printed Name            Date

2.  _____         _Charles Klopp_      _22-VI-06_
    Academic Unit Graduate Studies Committee Chair          Printed Name            Date

3.  _Diane W. Birckbichler_____         _Diane W. BIRCKBICHLER_   _6-20-06_
    **ACADEMIC UNIT CHAIR/DIRECTOR**          Printed Name            Date

4.  After the Academic Unit Chair/Director signs the request, forward the form to the ASC Curriculum Office, 105 Brown Hall, 190 West 17th Ave. or fax it to 688-5678. Attach the syllabus and any supporting documentation in an e-mail to asccurrofc@osu.edu. The ASC Curriculum Office will forward the request to the appropriate committee.

5.  **COLLEGE CURRICULUM COMMITTEE**                **Printed Name**          **Date**

6.  **ARTS AND SCIENCES EXECUTIVE DEAN**          **Printed Name**          **Date**

7.  Graduate School (if appropriate)                **Printed Name**          **Date**

8.  University Honors Center (if appropriate)          **Printed Name**          **Date**

9.  Office of International Affairs (study tours only)    **Printed Name**          **Date**

10. **ACADEMIC AFFAIRS**                        **Printed Name**          **Date**