

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

The purpose of this form is to provide a simple system of obtaining departmental reactions to course requests. 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

Communications _____ 10/05/06
Initiating Academic Unit _____ Date

Communications _____
Book 3 Listing (e.g., Portuguese) _____

870 _____ Seminar in Health Communication _____ G 5
Course Number Title Level Credit Hours

Type of Request (Circle): ~~New Course~~ Course Change Course Withdrawal Other

Public Health _____
Academic unit asked to review the request _____

10/20/06 _____
Date response is needed (within two weeks of above date)

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 School of Public Health supports the proposed changes in this course.

Signatures _____
1. Name Robert Jewell Position ASSOC DEAN FOR ACAD AFFAIRS Unit SCHOOL OF PUBLIC HEALTH Date 10/17/06

2. Name _____ Position _____ Unit _____ Date _____

3. Name _____ Position _____ Unit _____ Date _____

Please return this form to the ASC Curriculum Office, 105 Brown Hall, 190 W. 17th Avenue or fax to 688-5679. 08/09/05