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

SHS 0799				
Academic Unit SPH/HRNG				
Book 3 Listing (e.g., Portuguese) 643 Professional Development				
Number Title				
Prof. Dvmt. G 3  18-Character Title Abbreviation Level Credit Hours				
Summer X Autumn 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 the instructions in the OAA curriculum manual. If this is a course with decimal subdivisions, then use one New Course Request form for the generic information that will apply to all subdivisions; and use separate forms for each new decimal subdivision, including on each form the information that is unique to that subdivision. If the course offered is less than a quarter or a term, please complete the Flexibly Scheduled/Off Campus/Workshop Request form.				
Description (not to exceed 25 words):				
Professional issues in Audiology (ethics, scope of practice, legislative involvement, career options etc.) are discussed. Students also observe in local audiology clinics.				
Quarter offered: AU, WI, SP Distribution of class time/contact hours: 1 2hr cl, 1 4hr clinic				
Quarter and contact/class time hours information should be omitted from Book 3 publication (yes or no):				
Prerequisite(s):				
Exclusion or limiting clause: requires prior acceptance into AuD program				
Repeatable to a maximum of9 credit hours.				
Cross-listed with:				
Grade Option (Please check): Letter S/U S Progress What course is last in the series?				
Honors Statement: Yes ☐ No ☒ GEC: Yes ☐ No ☒ Admission Condition  Off-Campus: Yes ☐ No ☒ Course: Yes ☒ No ☐  Embedded Honors Statement: Yes ☐ No ☒				
Other General Course Information: Taught in English in the Speech and Hearing Science Dept.				
(e.g. "Taught in English." "Credit does not count toward SSBA degree.")				
B. General Information				
Subject Code 510202 Subsidy Level (V, G, T, B, M, D, or				
P) MM				
1. Provide the rationale for proposing this course: This course is already a part of our current AuD program cirriculum. The AuD program was approved in 2003, however this course has been temporarily taught as a 693/893. We now want to add this as a permanent course number. Professional development is an important piece of educating independent and well-balanced audiologists.				

2. Please list Majors/Minors affected by the creation of this new course. Attach revisions of all affected programs. This course is (check one): Required on major(s)/minor(s) A choice on major(s)/minor(s)  An elective within major(s)/minor(s) A general elective:				
3.	Indicate the nature of the program adjustments, new implementation of this new course.  None is needed; course has already been taught as a			
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4.	Is the approval of this request contingent upon the app	proval of other course requests or curricula	ar requests?	
Ye	s No 🛛 List:			
5.	If this course is part of a sequence, list the number of	the other course(s) in the sequence:		
6.	Expected section size: 20 Proposed number of sections per year: 3			
7.	Do you want prerequisites enforced electronically (see OAA manual for what can be enforced)? Yes ☐ No ☒			
8.	This course has been discussed with and has the concourse or with academic units having directly related Not Applicable	currence of the following academic units interests (List units and attach letters and/	needing this for forms):	
	Attach a course syllabus that includes a topical or course objectives, off-campus field experience, m OAA curriculum manual and e-mail to ascourrofc@proval Process The signatures on the lines in ALL CA	ethods of evaluation, and other items a <u>Posu.edu</u> .	s stated in the	
1.	Academic Unit Undergraduate Studies Committee Chair	Printed Name	Date	
	Jananes L Feb	Lawrence L. Feth	17 /8/n	
2.	Academic/Unit Graduate Studies Committee Chair	Printed Name	Date	
	XXLantoh	Robert A. Fox	12/28/0	
3. /	ACADEMIC UNIT CHAIR/DIRECTOR	. Printed Name	Date	
4.	After the Academic Unit Chair/Director signs the request Hall, 190 West 17th Ave. or fax it to 688-5678. Attach the sasccurrofc@osu.edu. The ASC Curriculum Office will fo	yllabus and any supporting documentation	in an e-mail to	
5.	COLLEGE CURRICULUM COMMITTEE	Printed Name	Date	
Б.	ARTS AND SCIENCES EXECUTIVE DEAN	Printed Name	Date	
7.	Graduate School (if appropriate)	Printed Name	Date	
3.	University Honors Center (if appropriate)	Printed Name	Date	
€.	Office of International Education (if appropriate)	Printed Name	Date	
10	ACADEMIC AFFAIRS	Drintari Nama	Date	