

Revised 7/23/07

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Elimination of Courses- Environmental Health and Safety Management

Initiating Unit or Individual: College of Allied Health Sciences

Contact Person's Name: Ellen Haneline e-mail: haneline@ferris.edu phone: 2269

Date or Term of Proposal Implementation: Spring 2010

- Group I - A – New degree/major or major, redirection of a current offering, or elimination of a degree, major or minor
- Group I - B – New minors or concentrations
- Group II - A – Minor curriculum clean-up and course changes
- Group II - B – New Course
- Group III - Certificates
- Group IV – Off-Campus Programs

Group/Individual	Signature	Date	Vote/Action *
Program Faculty	<i>Not Applicable - Program closed</i>		<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Faculty	<i>Not Applicable</i>		<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Head	<i>Ellen Haneline</i>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Curriculum Committee	<i>Barbara Gross</i>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Faculty	<i>Ellen Haneline</i>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean	<i>Ellen Haneline</i>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee	<i>[Signature]</i>	<i>3/31/09</i>	<input checked="" type="checkbox"/> Support <i>7-0</i> <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate	<i>Richard Driffen</i>	<i>3/31/09</i>	<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs	<i>Donald [Signature]</i>	<i>3/31/09</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support

* Support with Concerns or Not Support must include a list of specific concerns. Votes must be shown for faculty groups. Administrators check appropriate action taken.

To be completed by Academic Affairs

President (Date Approved)

Board of Trustees (Date Approved)

President's Council (Date Approved)

1. Proposal Summary

(Summary is generally less than one page. Briefly: state what is proposed with a summary of rationale and highlights. Additional rationale may be attached.)

The Environmental Health and Safety Management program was discontinued in the Spring 2005 semester with sufficient time allotted for students who were then enrolled in the program to complete their course requirements and graduate. The last enrolled student will complete degree requirements in December, 2009. Therefore, courses with an EHSM prefix are either being deleted from the catalog or, for those courses that are required in other curricula, having their prefix changed.

2. Summary of All Course Action Required***a. Newly Created Courses to FSU:**

Prefix	Number	Title
CAHS	213	Introduction to Epidemiology
CAHS	215	Health Care Statistics
CCHS	315	Epidemiology and Statistics
CAHS	317	Public Health Administration
CAHS	330	OSHA Laws

b. Courses to be Deleted From FSU Catalog:

Prefix	Number	Title
EHSM	101	Introduction to Environmental Health and Safety Management
EHSM	103	Fundamentals of Industrial Hygiene/Waste Management
EHSM	104	Fundamentals of Safety
EHSM	105	Fundamentals of Environmental Health
EHSM	121	Principles of Accident Prevention
EHSM	208	Environmental Regulations 1
EHSM	212	Shelter Environment
EHSM	213	Introduction to Epidemiology
EHSM	215	Environmental Health Statistics
EHSM	220	Environmental Health Practices
EHSM	245	Emergency Response 1
EHSM	303	Ambient Air Quality
EHSM	304	Indoor Air Quality
EHSM	315	Epidemiology and Statistics
EHSM	317	Public Health Administration
EHSM	330	OSHA Laws and Regulations
EHSM	322	Accident Investigation and Reporting
EHSM	331	Mechanical Safety
EHSM	335	Industrial Hygiene Sampling and Data Interpretation
EHSM	340	Risk Assessment and Communication
EHSM	345	Waste Operations and Emergency Response
EHSM	346	Emergency Response 2
EHSM	350	Food Technology
EHSM	360	Occupation Health and Injury Prevention
EHSM	375	Toxicology
EHSM	403	Air Quality
EHSM	415	Environmental Sampling and Project
EHSM	421	Environmental Health and Safety Standards in Industry
EHSM	440	Environmental Regulations 2
EHSM	445	Safety Management
EHSM	485	Inspection Techniques in Environmental Health and Safety Mgt
EHSM	493	Environmental Health and Safety Internship
EHSM	497	Special Studies in Environmental Health and Safety
EHSM	499	Environmental Health and Safety Seminar

NEW COURSE INFORMATION FORM

See Sample – Limit to Two Pages Please

Course Identification: CAHS 213 Introduction to Epidemiology

Prefix:	Number	Title
CAHS	213	Introduction to Epidemiology

Course Description:

This course consists of principles of diseases and their distribution among people in addition to public health surveillance. Students will be involved in performing a simulated outbreak investigation. Students will learn to read and interpret epidemiological data.

Course Outcomes and Assessment Plan:

This course is designed to enable students to be able to:

1. demonstrate knowledge of basic epidemiological principles
2. conduct a basic epidemiological investigation

The course will be assessed through students ability to conduct a simulated epidemiological investigation and accurately report their findings.

Course Outline including Time Allocation:

Steps in Outbreak Investigation- 5 hours

Simulated outbreak investigation- 10 hours

NEW COURSE INFORMATION FORM

See Sample – Limit to Two Pages Please

Course Identification: CAHS 215 Health Care Statistics

Prefix:	Number	Title
CAHS	215	Health Care Statistics

Course Description:

This course consists of methods of data collection, analysis, presentation and sources of vital statistics. Statistics used in health care are introduced including measures of central tendency, distribution, statistical inference and tests of statistical significance.

Course Outcomes and Assessment Plan:

This course is intended to provide students with the ability to:

1. gather data for health care research
2. display data
2. utilize appropriate statistical formulas in health care research
3. interpret statistical reports

Student learning in the course will be assessed through student's ability to

1. graph statistical information appropriately
2. design a survey to gather information
3. analyze a research study
4. summarize the results of a study

Course Outline including Time Allocation:

Data gathering techniques- 5

Data analysis (use of statistical formulas) -20

Data display techniques- 5

NEW COURSE INFORMATION FORM*See Sample – Limit to Two Pages Please***Course Identification: CCHS 315- Epidemiology and Statistics**

Prefix:	Number	Title
CCHS	315	Epidemiology and Statistics

Course Description:

Study of diseases and their distribution among people. Topics include methods of data collection, analysis, presentation and sources of vital statistics. Statistics used in the health sciences are introduced along with application in conducting epidemiological studies. Epidemiology topics include uses and applications, frequency measures, public health surveillance and journal article interpretation. Statistical topics include measures of central tendency, distribution, statistical inference, and tests of statistical significance.

Course Outcomes and Assessment Plan:

This course prepares students to be able to:

1. evaluate health problems from an epidemiological viewpoint
2. demonstrate a knowledge of basic statistics and calculations used in health sciences
3. conduct a basic epidemiological investigation
4. locate, summarize and evaluate current sources of epidemiological and disease related literature and health statistics.

The course will be assessed through the student's ability to:

1. correctly perform calculations and display data
2. complete case study for epidemic outbreak (epidemiological investigation)
3. locate and summarize epidemiological and/or disease related article

Course Outline including Time Allocation:

Health Care Statistics 30 hours

(Frequency measures, central location and dispersion, organization and display of data, normal distribution, Z scores, sampling distribution of means, significance testing, ANOVA, 2x2 tables, p values, correlation and regression, non-parametric tests)

Epidemiology- 15 hours

(Outbreak investigation, practice with completion of various case studies that deal with outbreaks).

NEW COURSE INFORMATION FORM

See Sample – Limit to Two Pages Please

Course Identification: CAHS 317 Public Health Administration

Prefix:	Number	Title
CAHS	317	Public Health Administration

Course Description:

Survey of health department organization, public health laws, personnel management and the importance of planning by health related agencies. A survey of community health services and practices with particular emphasis upon public health's contribution to overall community health. 2.0 credits (2+0). Prerequisite: none

Course Outcomes and Assessment Plan:

The course will prepare students to:

1. analyze public health planning needs
2. analyze health issues from a public health perspective
3. locate and utilize public health information

Course assessment plan: To demonstrate their learning, students will be required to submit a paper that demonstrates their ability to recognize public health issues and utilize data to propose a solution; respond to questions about public health issues and develop responses to deal with those issues.

Course Outline including Time Allocation:

History, overview and accomplishments of Public Health- 4 hours

Health inequities-2 hours

Structure and programs in Public Health- 4 hours

Federal, state and local public health cooperation/core public health functions-4 hours

Public Health law-2 hours

Financing public health-2 hours

Public Health accreditation and quality improvement-4 hours

Public Health data-4 hours

Public Health's role in emergency response-4 hours

NEW COURSE INFORMATION FORM*See Sample – Limit to Two Pages Please***Course Identification: CAHS 330 OSHA Law**

Prefix:	Number	Title
CAHS	330	OSHA Law

Course Description:

This course is designed to present the basic concepts of Occupational Safety and Health law. Students will be exposed to various legal concepts, the OSHA Right to Know Law (Hazard Communication Law), general duty clause, law library usage, case law evaluation, OSHA laws and compliance activities before and after inspections. Periodic discussions of current events related to the Occupational Safety and Health Act play an important part in understanding and compliance with OSHA.

Course Outcomes and Assessment Plan:

This course is designed to:

1. acquaint the student with the Hazard Communication Standard
2. acquaint the student with the basic vocabulary used by OSHA regulators
3. provide the student with the ability to locate compliance information in state, local federal occupational safety and health regulations
4. acquaint the student with case law and its use
5. permit the student to become familiar with techniques used for locating new regulations
6. acquaint the student with the location and use of the Federal Register
7. acquaint students with the contents and uses of information available from OSHA

The course will be evaluated based upon the student ability to:

interpret the Hazard Communication Standard, locate compliance information in various regulations, locate information in the Federal Register and locate information in the OSHA website.

Course Outline including Time Allocation:

Hazard Communication Standard – 4 hours
 Occupational Safety and Health Act- 4 hours
 Occupational Safety and Health Compliance- 15 hours
 Current events- 7 hours

CREATE NEW COURSE
Course Data Entry Form

FORM F

Create New Course
Rev. 07/23/07

I. ACTION TO BE TAKEN: CREATE A NEW COURSE

Notes

1. Complete each item in Section I and Section II.
2. If this course is to be used as a prerequisite for other university courses, Form Fs that reflect the prerequisite change must be submitted for those courses as well.

Term Effective (6 digit code only): Examples: 200801(Spring), 200805(Summer), 200808(Fall)

Note: The first four digits indicate year, the next two digits indicate month in which term begins.

II. PROPOSED FOR NEW COURSE: Complete all sections a through r. See manual for clarification.

a. Course Prefix

b. Number

c. Enter Contact Hours per week in boxes.

LECture LAB INDEpendent Study – Check (x)

Practicum: Seminar:

d. Course Title: (Limit to 30 characters/spaces.)

e. College Code: f. Department Code:

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type: Variable x Fixed h. Minimum Credit Hours i. Maximum Credit Hours

j. May Be Repeated for Added Credit: Check (x) Yes x No

k. Levels: Check (x) x Undergraduate Graduate Professional

l. Grade Method: Check (x) x Normal Grading Credit/No Credit only (Pass/Fail)

m. Does proposed new course replace an equivalent course? Check (x) x Yes No

n. Equivalent course: Prefix Number See instructions on Replacement courses.

o. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

This course consists of principles of diseases and their distribution among people in addition to public health surveillance. Students will be involved in performing a simulated outbreak investigation. Students will learn to read and interpret epidemiological data.

p. Term(s) Offered: (See instructions for listing.) q. Max. Section Enrollment:

r. Prerequisites/Co-requisites/Restrictions: (If none, leave blank.) Limited to 100 spaces.

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

Basic Skill (BS) General Education (GE) Occupational Education (OC) G.E. Codes

Office of the Registrar use ONLY

Date Rec'd: ____ Date Completed: ____ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __

CREATE NEW COURSE
Course Data Entry Form

FORM F

Create New Course
Rev. 07/23/07

I. ACTION TO BE TAKEN: CREATE A NEW COURSE

Notes

1. Complete each item in Section I and Section II.
2. If this course is to be used as a prerequisite for other university courses, Form Fs that reflect the prerequisite change must be submitted for those courses as well.

Term Effective (6 digit code only): 201001 Examples: 200801(Spring), 200805(Summer), 200808(Fall)

Note: The first four digits indicate year, the next two digits indicate month in which term begins.

II. PROPOSED FOR NEW COURSE: Complete all sections a through r. See manual for clarification.

a. Course Prefix

CAHS

b. Number

215

c. Enter Contact Hours per week in boxes.

LECture 2 LAB INDEPENDENT Study – Check (x)

Practicum: Seminar:

d. Course Title: Health Care Statistics

(Limit to 30 characters/spaces.)

e. College Code: AH

f. Department Code: CRHA

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type: Variable x Fixed h. Minimum Credit Hours 2 i. Maximum Credit Hours 2

j. May Be Repeated for Added Credit: Check (x) Yes x No

k. Levels: Check (x) x Undergraduate Graduate Professional

l. Grade Method: Check (x) x Normal Grading Credit/No Credit only (Pass/Fail)

m. Does proposed new course replace an equivalent course? Check (x) x Yes No

n. Equivalent course: Prefix EHSM Number 215 See instructions on Replacement courses.

o. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

This course consists of methods of data collection, analysis, presentation and sources of vital statistics. Statistics used in health care are introduced including measures of central tendency, distribution, statistical inference and tests of statistical significance.

p. Term(s) Offered: Fall, Spring, Summer (See instructions for listing.) q. Max. Section Enrollment: 30

r. Prerequisites/Co-requisites/Restrictions: (If none, leave blank.) Limited to 100 spaces.

UCC Chair Signature/Date:

 3/31/09

Academic Affairs Approval Signature/Date:

 3/21/09

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

Basic Skill (BS) General Education (GE) Occupational Education (OC) G.E. Codes

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Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

CREATE NEW COURSE
Course Data Entry Form

FORM F

Create New Course
Rev. 07/23/07

I. ACTION TO BE TAKEN: CREATE A NEW COURSE

Notes

1. Complete each item in Section I and Section II.
2. If this course is to be used as a prerequisite for other university courses, Form Fs that reflect the prerequisite change must be submitted for those courses as well.

Term Effective (6 digit code only): 201001 Examples: 200801(Spring), 200805(Summer), 200808(Fall)

Note: The first four digits indicate year, the next two digits indicate month in which term begins.

II. PROPOSED FOR NEW COURSE: Complete all sections a through r. See manual for clarification.

a. Course Prefix

CCHS

b. Number

315

c. Enter Contact Hours per week in boxes.

LECture 3 LAB INDEPENDENT Study – Check (x)

Practicum: Seminar:

d. Course Title: Epidemiology and Statistics (Limit to 30 characters/spaces.)

e. College Code: AK

f. Department Code: CRHA

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type: Variable x Fixed h. Minimum Credit Hours 3 i. Maximum Credit Hours 3

j. May Be Repeated for Added Credit: Check (x) Yes x No

k. Levels: Check (x) x Undergraduate Graduate Professional

l. Grade Method: Check (x) x Normal Grading Credit/No Credit only (Pass/Fail)

m. Does proposed new course replace an equivalent course? Check (x) x Yes No

n. Equivalent course: Prefix EHSM Number 315 See instructions on Replacement courses.


o. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

Study of diseases and their distribution among people. Topics include methods of data collection, analysis, presentation and sources of vital statistics. Statistics used in the health sciences are introduced along with application in conducting epidemiological studies. Epidemiology topics include uses and applications, frequency measures, public health surveillance and journal article interpretation. Statistical topics include measures of central tendency, distribution, statistical inference, and tests of statistical significance.

p. Term(s) Offered: Fall, Spring, Summer (See instructions for listing.) q. Max. Section Enrollment: 30

r. Prerequisites/Co-requisites/Restrictions: (If none, leave blank.) Limited to 100 spaces.

UCC Chair Signature/Date:

 3/31/09

Academic Affairs Approval Signature/Date:

 3/21/09

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

Basic Skill (BS) General Education (GE) Occupational Education (OC) G.E. Codes

Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

CREATE NEW COURSE
Course Data Entry Form

FORM F

Create New Course
Rev. 07/23/07

I. ACTION TO BE TAKEN: CREATE A NEW COURSE

Notes

1. Complete each item in Section I and Section II.
2. If this course is to be used as a prerequisite for other university courses, Form Fs that reflect the prerequisite change must be submitted for those courses as well.

Term Effective (6 digit code only): 201001 Examples: 200801(Spring), 200805(Summer), 200808(Fall)

Note: The first four digits indicate year, the next two digits indicate month in which term begins.

II. PROPOSED FOR NEW COURSE: Complete all sections a through r. See manual for clarification.

a. Course Prefix CAHS b. Number 317 c. Enter Contact Hours per week in boxes.
LECTure 2 LAB INDEPENDENT Study – Check (x)

Practicum: Seminar:

d. Course Title: Public Health Administration (Limit to 30 characters/spaces.)

e. College Code: AK f. Department Code: CRHA

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type: Variable x Fixed h. Minimum Credit Hours 2 i. Maximum Credit Hours 2

j. May Be Repeated for Added Credit: Check (x) Yes x No

k. Levels: Check (x) x Undergraduate Graduate Professional

l. Grade Method: Check (x) x Normal Grading Credit/No Credit only (Pass/Fail)

m. Does proposed new course replace an equivalent course? Check (x) x Yes No

n. Equivalent course: Prefix EHSM Number 317 See instructions on Replacement courses.


o. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

Survey of health department organization, public health laws, personnel management and the importance of planning by health related agencies. A survey of community health services and practices with particular emphasis upon public health's contribution to overall community health.


p. Term(s) Offered: Fall, Spring, Summer (See instructions for listing.) q. Max. Section Enrollment: 25

r. Prerequisites/Co-requisites/Restrictions: (If none, leave blank.) Limited to 100 spaces.

UCC Chair Signature/Date:

 3/31/09

Academic Affairs Approval Signature/Date:

 3/31/09

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

Basic Skill (BS) General Education (GE) Occupational Education (OC) G.E. Codes

Office of the Registrar use ONLY

Date Rec'd: ____ Date Completed: ____ Entered: SCACRSE __ SCADETL __ SCARRS __ SCAPREQ __

CREATE NEW COURSE
Course Data Entry Form

FORM F

Create New Course
Rev. 07/23/07

I. ACTION TO BE TAKEN: CREATE A NEW COURSE

Notes

1. Complete each item in Section I and Section II.
2. If this course is to be used as a prerequisite for other university courses, Form Fs that reflect the prerequisite change must be submitted for those courses as well.

Term Effective (6 digit code only): 201001 Examples: 200801(Spring), 200805(Summer), 200808(Fall)
Note: The first four digits indicate year, the next two digits indicate month in which term begins.

II. PROPOSED FOR NEW COURSE: Complete all sections a through r. See manual for clarification.

a. Course Prefix CAHS b. Number 330 c. Enter Contact Hours per week in boxes.
LECTure 2 LAB INDEPENDENT Study -- Check (x)
Practicum: Seminar:

d. Course Title: OSHA Law (Limit to 30 characters/spaces.)

e. College Code: AAH f. Department Code: CRHA
Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type: Variable x Fixed h. Minimum Credit Hours 2 i. Maximum Credit Hours 2

j. May Be Repeated for Added Credit: Check (x) Yes x No

k. Levels: Check (x) x Undergraduate Graduate Professional

l. Grade Method: Check (x) x Normal Grading Credit/No Credit only (Pass/Fail)

m. Does proposed new course replace an equivalent course? Check (x) x Yes No

n. Equivalent course: Prefix EHSM Number 330 See instructions on Replacement courses.

o. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

This course is designed to present the basic concepts of Occupational Safety and Health law. Students will be exposed to various legal concepts, the OSHA Right to Know Law (Hazard Communication Law), general duty clause, law library usage, case law evaluation, OSHA laws and compliance activities before and after inspections. Periodic discussions of current events related to the Occupational Safety and Health Act play an important part in understanding and compliance with OSHA.

p. Term(s) Offered: Fall, Spring, Summer (See instructions for listing.) q. Max. Section Enrollment: 30

r. Prerequisites/Co-requisites/Restrictions: (If none, leave blank.) Limited to 100 spaces.

UCC Chair Signature/Date: [Signature] 3/31/09 Academic Affairs Approval Signature/Date: [Signature] 3/31/09

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code
 Basic Skill (BS) General Education (GE) Occupational Education (OC) G.E. Codes

Office of the Registrar use ONLY
Date Rec'd: ____ Date Completed: ____ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix

b. Number

c. Enter Contact Hours per week in boxes.

LECTure

LAB

INDEpendent Study – Check (x)

Practicum:

Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __

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Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:

 3/31/09

Academic Affairs Approval Signature/Date:

 3/31/09

Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.


a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2010 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix EHSM b. Number 208 c. Enter Contact Hours per week in boxes.
LECTure 3 LAB 0 INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title: Environmental Regulations 1

UCO Chair Signature/Date:

[Signature] 3/31/09

Academic Affairs Approval Signature/Date:

[Signature] 3/31/09

Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix

b. Number

c. Enter Contact Hours per week in boxes.

LECTure

LAB


INdependent Study – Check (x)

Practicum:

Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __

DELETE COURSE
Course Data Entry Form

FORM F

Delete Course
Rev. 7/23/07

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2010 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix

EHSM

b. Number

213

c. Enter Contact Hours per week in boxes.

LECture 1

LAB

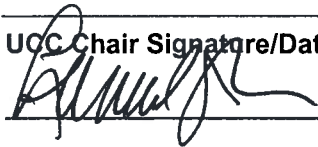
INDEpendent Study – Check (x)

Practicum:

Seminar:

d. Full Course Title: Introduction to Epidemiology

UCC Chair Signature/Date:



3/31/09

Academic Affairs Approval Signature/Date:



3/31/09

Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

DELETE COURSE
Course Data Entry Form

FORM F

Delete Course
Rev. 7/23/07

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2010 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix

EHSM

b. Number

215

c. Enter Contact Hours per week in boxes.

LECTure 2

LAB


INDEpendent Study -- Check (x)

Practicum:

Seminar:

d. Full Course Title: Environmental Health Statistics

UCC Chair Signature/Date:

 3/8/09

Academic Affairs Approval Signature/Date:

 3/13/08

Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCO Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEPENDENT Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

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Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix

b. Number

c. Enter Contact Hours per week in boxes.

LECTure

LAB

INDEPENDENT Study – Check (x)

Practicum:

Seminar:

d. Full Course Title:

UCO Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

DELETE COURSE
Course Data Entry Form

FORM F

Delete Course
Rev. 7/23/07

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2010 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix
EHSM

b. Number
317

c. Enter Contact Hours per week in boxes.
LECTure 2 LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title: Public Health Administration

UCC Chair Signature/Date:

 3/31/09

Academic Affairs Approval Signature/Date:

 3/31/09

Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE __ SCADETL __ SCARRS __ SCAPREQ __

DELETE COURSE
Course Data Entry Form

FORM F

Delete Course
Rev. 7/23/07

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2010 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix

EHSM

b. Number

315

c. Enter Contact Hours per week in boxes.

LECTure 3

LAB

INDEpendent Study – Check (x)

Practicum:

Seminar:

d. Full Course Title: Epidemiology and Statistics

UCC Chair Signature/Date:

[Signature] 3/31/09

Academic Affairs Approval Signature/Date:

[Signature] 3/31/09

Office of the Registrar use ONLY

Date Rec'd: ____ Date Completed: ____ Entered: SCACRSE __ SCADETL __ SCARRS __ SCAPREQ __

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEPENDENT Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

DELETE COURSE
Course Data Entry Form

FORM F

Delete Course
Rev. 7/23/07

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix

b. Number

c. Enter Contact Hours per week in boxes.

LECTure

LAB

INDEpendent Study – Check (x)

Practicum:

Seminar:

d. Full Course Title:

UCC/Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEPENDent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEPENDENT Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEPENDent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Spring Year 2010 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix EHSM b. Number 346 c. Enter Contact Hours per week in boxes.
LECTure LAB INDEPENDENT Study – Check (x)
Practicum: Seminar:

d. Full Course Title: Emergency Response 2

UCC Chair Signature/Date:

 3/31/09

Academic Affairs Approval Signature/Date:

 3/31/09

Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix

b. Number

c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEPENDENT Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:

 3/3/09

Academic Affairs Approval Signature/Date:

 3/3/09

Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix

b. Number

c. Enter Contact Hours per week in boxes.

LECTure

LAB

INDEPENDENT STUDY – Check (x)

Practicum:

Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

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LECTure LAB INDEPENDENT Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

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Include the information that is in the current course database.

a. Course Prefix

b. Number

c. Enter Contact Hours per week in boxes.

LECTure

LAB

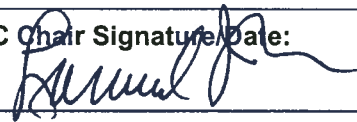
INDEpendent Study – Check (x)

Practicum:

Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

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Note: Complete each section.

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Include the information that is in the current course database.

a. Course Prefix

b. Number

c. Enter Contact Hours per week in boxes.

LECTure

LAB

INDEpendent Study – Check (x)

Practicum:

Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __

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LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

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LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

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LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

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a. Course Prefix

b. Number


c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x) x
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __

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a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix

b. Number

c. Enter Contact Hours per week in boxes.
LECTure 2 LAB INDEpendent Study – Check (x) x
Practicum: Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __