

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Environmental Health Sciences
<input type="checkbox"/> New Course (Parts II, IV)	College	College of Health Sciences
<input type="checkbox"/> Course Revision (Parts II, IV)	*Course Prefix & Number	_____
<input type="checkbox"/> Course Dropped (Part II)	*Course Title (30 characters)	_____
<input type="checkbox"/> New Program (Part III)	*Program Title	Master of Public Health
<input checked="" type="checkbox"/> Program Revision (Part III)		(Major <u>XX</u> , Option <u> </u> ; Minor <u> </u> ; or Certificate <u> </u>)
<input type="checkbox"/> Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	<u>Date</u>	<u>Date</u>
Departmental Committee	11-30-07	Graduate Council*
<i>Is this a SACS Substantive Change?</i>	Yes**** <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council on Academic Affairs
College Curriculum Committee	1-09-08	Approved <u> </u> Disapproved <u> </u>
General Education Committee*	_____	Faculty Senate**
Teacher Education Committee*	_____	Board of Regents**
		Council on Postsecondary Edu.***

*If Applicable (Type NA if not applicable.)
**Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.)
Remove POL 847 from MPH Core Courses

A. 2. Effective date: (Example: Fall 2001)
Summer 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)
n/a

B. The justification for this action:
From the MPH self-study process, it has been realized that POL 847 and EHS 825 are not equivalent courses. The intended core competencies for the MPH degree will be covered by EHS 825.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact:
n/a

Operating Expenses Impact:
n/a

Equipment/Physical Facility Needs:
n/a

Library Resources: n/a

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~strickethrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~strickethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

Part III. Recording Data for New, Revised, or Suspended Program

1. For a new program, provide the catalog description as being proposed.
2. For a revised program, provide the current program requirements using ~~strickethrough~~ for deletions and underlines for additions.
3. For a suspended program, provide the current program requirements as shown in catalog. List any options and/or minors affected by the program's suspension.

New or Revised* Program Text

(*Use ~~strickethrough~~ for deletions and underlines for additions.)

MPH Core Courses 21 hours

EHS 850, HEA 810, HEA 816, HEA 830, HEA 855, HEA 840 or EHS 800, ~~POL 847~~ or EHS 825

Environmental Health Option

Required Courses.....15 hours

EHS 845, 855, 865, 877, and 880

Practicum.....3 hours

EHS-863

Thesis or Non-Thesis6 hours

EHS 899- Thesis and 899 c-Thesis, cont.

OR

EHS 890: Independent Study in Health Science

*and 3 approved elective credit hours**

**electives: EHS 840, 860, 870, LPS 815, 822*

Capstone.....1 hour

MPH 895

Total Hours..... 46 hours

Part IV. Recording Data for New or Revised Course (Record only **new** or **changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
HEA		Fall 2008	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS XX _____	
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
3	Lecture _____ 3	Laboratory _____ Other _____	Cip Code (first two digits only)	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)	
			FR _____ JR _____ SO _____ SR _____	
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	FOR BANNER USE ONLY Date of data entry _____ Data entry person _____	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

Co-Requisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use “and” and “or” literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (X) in the appropriate Block or Blocks (e.g. – IVB(3) X).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

NOTE: Do not forward validation tables with curriculum form.

(*Use Validation Tables.)