###### cid:image002.jpg@01D55746.432AE6F0CHANGE OF COURSE FORM (delete)

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| * **Contact QU Health Academic Quality Affairs** for any guidance and support in completing this form. * Complete this form to request **DELETION of A COURSE**. * All requests must be approved by Program Director/ Head of Department/ Program Curriculum Committee, and Dean as appropriate. * All approved requests will take effect at the beginning of the following academic year. * Submit the following along with this form   + Course master syllabus (Template 1)   + Updated program study plan (Template 2) * Once approved, it is the responsibility of the requester to ensure that Banner and the Online Assessment System (OAS) are updated accordingly. |

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| **REQUESTER** | | | | | | | | |
| Name | Click or tap here to enter text. | | Email | Click or tap here to enter text. | | Phone | Click or tap here to enter text. | |
| Program | | Click or tap here to enter text. | | | Concentration | | Click or tap here to enter text. | |
| College | | Choose an item. | | | Department | | Choose an item. | |
| Term to be active in the student catalog | | Choose an item. | | | Term to be delivered | | Choose an item. | |
| Confirm that the change has been approved by the Program Director/ Head of Department/ Program Curriculum Committee | | | | | | | Yes | No |
| Date of submission to QU Health Academic Quality Department | | | | | | | Click or tap to enter a date. | |
| **TYPE OF REQUEST** | | | | | | | | |
| * Delete a course from this program only | | | | | | |  | |
| * Delete a course | | | | | | |  | |

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| **SECTION 1: DETAILS OF THE REQUEST** | | | | | |
| Is the course part of the core curriculum program? | | | | Yes | No |
| Is the course a major requirement of the program? | | | | Yes | No |
| Is the course a major elective of the program? | | | | Yes | No |
| Is the course a supporting course of the program? | | | | Yes | No |
| Is the course a concentration requirement of the program? | | | | Yes | No |
| Is the course a concentration elective of the program? | | | | Yes | No |
| Is the course a minor requirement of the program? | | | | Yes | No |
| Is the course a free elective? | | | | Yes | No |
| Other | | | | Yes | Please specify  Click or tap here to enter text. |
| Is this course included in the study plan of other programs? | | | | Yes | No |
| If yes, please specify:  Click or tap here to enter text. | |
| Is this course a prerequisite or co-requisite to other courses? | No | Yes | | | |
| Course Number | Course Title | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | |
| Is there any change to the total program credit hours? | | | | Yes  Note: Contact QU Health Academic Quality Affairs as this may be considered as program restructuring | |
| No | |
| * **RATIONALE**   Describe the rationale for the changes. Consider rationale based on:   * Benchmarked to other programs * Feedback from stakeholders * Learning outcomes assessment * Implementation of performance enhancement plan relating to academic program review * Other reasons and justification | | | | | |
| Click or tap here to enter text. | | | | | |

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| **SECTION 2: IMPACTS** | | | |
| * **STUDENTS CURRENTLY ON THE PROGRAM** | | | |
| Is there any impact on students currently on the program?  Consider impact on any repeat students.  Pay particular attention when courses and/or credits move between program years. In these situations, it may be necessary to phase the implementation. | | Yes | No |
| If yes, describe the impact and how this will be handled, if relevant. | | | |
| Click or tap here to enter text. | | | |
| If yes, confirm that all the students on the program affected by the change have been consulted and their views taken into consideration | Confirmed | Date | Click or tap to enter a date. |
| * **OTHER COURSES, PROGRAMS OR STUDENTS WITHIN THE COLLEGE** | | | |
| Is there any impact on other courses, programs or students within the college? | | Yes | No |
| If yes, describe the impact and how this will be handled, if relevant. | | | |
| Click or tap here to enter text. | | | |
| If yes, confirm this change has been approved by other relevant courses, programs etc. within the college | Approved[[1]](#footnote-1) | Date | Click or tap to enter a date. |
| * **OTHER COURSES, PROGRAMS OR STUDENTS** **BEYOND THE COLLEGE** | | | |
| Is there any impact on other courses, programs or students beyond the college? | | Yes | No |
| If yes, describe the impact and how this will be handled, if relevant. | | | |
| Click or tap here to enter text. | | | |
| If yes, confirm this change has been approved by other relevant courses, programs etc. beyond the college | Approved[[2]](#footnote-2) | Date | Click or tap to enter a date. |

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| **SECTION 3: SIGNATURE(S)** | | | | | | |
| **COLLEGE DEAN APPROVAL** | | | | | | |
| Approved | Yes | No | Signature | Click or tap here to enter text. | Date | Click or tap to enter a date. |
| *Comments*  Click or tap here to enter text. | | | | | | |
| **QU HEALTH CURRICULUM ENHANCEMENT COMMITTEE APPROVAL** | | | | | | |
| Major change approved | Yes | No | Signature | Click or tap here to enter text. | Date | Click or tap to enter a date. |
| *Comments*  Click or tap here to enter text. | | | | | | |

**Template1 – BANNER INFORMATION & MASTER SYLLABUS**

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| --- | --- | --- | --- | --- |
| Course Number | Click or tap here to enter text. | Course Title (Arabic) | Click or tap here to enter text. | |
| Course Title (English) | Click or tap here to enter text. | |
| Optional Section if Original Course Title exceeds 30 Characters.  Course title to be displayed on Banner | Click or tap here to enter text. | Language of Instruction | Arabic  English  Both | |
| Course Designation | Choose an item. | Course Term Offering | Fall  Spring | |
| Course Level | Choose an item. | Grade Mode | Choose an item. | |
| Number of Credit Hours | Click or tap here to enter text. | Number of Contact Hours | Choose an item. | Choose an item. |
| Please insert number | Please insert number |
| Course Package (English) | Choose an item. | New course (not existing in Banner)? | Yes  No | |
| Required | Yes  No | Elective | Yes  No | |
| Course Prerequisites | Click or tap here to enter text. | Course Co-requisites | Click or tap here to enter text. | |
| Catalog Description  *(50-80 words)* | English  Click or tap here to enter text. | | | |
| Arabic  Click or tap here to enter text. | | | |
| Registration Restrictions[[3]](#footnote-3) | | | | |
| College | Click or tap here to enter text. | | | |
| Major | Click or tap here to enter text. | | | |
| Level | Click or tap here to enter text. | | | |
| Campus | Click or tap here to enter text. | | | |
| Class | Click or tap here to enter text. | | | |
| Degree | Click or tap here to enter text. | | | |
| Program | Click or tap here to enter text. | | | |

###### cid:image002.jpg@01D55746.432AE6F0Template 2 –STUDY PLAN FOR THE PROGRAM CURRICULUM

If the implementation of the different changes need to be phased, it may be necessary to provide several study plans to describe the impact on different affected student groups (contact QU Health Academic Quality Affairs for guidance, if needed)

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| **Updated Study Plan**  (highlight existing courses added to this program\*, new courses added\*\*, updated courses\*\*\*) | | | | | | | | | |
| **Version number** | | | | | Click or tap here to enter text. | | | | | |
| **Total credit hours for the program** | | | | | Click or tap here to enter text. | | | | | |
| **FIRST YEAR ([ ] credit hours)** | | | | | **SECOND YEAR ([ ] credit hours)** | | | | |
| **Fall Semester** | | | | | **Fall Semester** | | | | |
| Course No. | Course Title | | Credit Hours | Prerequisites | Course No. | Course Title | | Credit Hours | Prerequisites |
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| Total Credit Hours in Semester | |  | |  | Total Credit Hours in Semester | |  | |  |
| **Spring Semester** | | | | | **Spring Semester** | | | | |
| Course No. | Course Title | | Credit Hours | Prerequisites | Course No. | Course Title | | Credit Hours | Prerequisites |
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| Total Credit Hours in Semester | |  | |  | Total Credit Hours in Semester | |  | |  |
| **THIRD YEAR ([ ] credit hours)** | | | | | **FOURTH YEAR ([ ] credit hours)** | | | | |
| **Fall Semester** | | | | | **Fall Semester** | | | | |
| Course No. | Course Title | | Credit Hours | Prerequisites | Course No. | Course Title | | Credit Hours | Prerequisites |
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| Total Credit Hours in Semester | |  | |  | Total Credit Hours in Semester | |  | |  |
| **Spring Semester** | | | | | **Spring Semester** | | | | |
| Course No. | Course Title | | Credit Hours | Prerequisites | Course No. | Course Title | | Credit Hours | Prerequisites |
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| Total Credit Hours in Semester | |  | |  | Total Credit Hours in Semester | |  | |  |

1. Provide evidence of approval (e.g. emails etc.) from the Dean of the affected college as an appendix. [↑](#footnote-ref-1)
2. Provide evidence of approval (e.g. emails etc.) from the Dean of the affected college as an appendix. [↑](#footnote-ref-2)
3. College Restriction: DM- Dental Medicine, HS- Health Sciences, MD- Medicine, RX- Pharmacy

   Department Restriction: DEMD-Dental Medicine, HLTH- Health Sciences, NUTR- Human Nutrition, BIOM-Biomedical Sciences, PUBH- Public Health, PTRS- Physical Therapy & Rehabilitation Sciences, PHAR-Pharmacy, MEDC- Medicine

   Field of Study: major, minor or concentration

   Program: to allow specific program students to register in the course i.e. Biomedical Sciences, Doctor of Dental Medicine, Doctor of Medicine Health Sciences, Human Nutrition, , Pharmacy, Physical Therapy, Public Health

   Degree: certain degree holders can register (BA-Bachelor, MA-Master, DR- Doctor of Pharmacy, DC- PhD, HD- Higher Diploma, CT- Certificate, DIP- Diploma)

   Level: FN- Foundation, UG- Undergraduate, CR- Certificate, BR- Master Bridge, MA- Masters, DR- PharmD, DC- Doctorate- PhD

   Class: students with total credit hours achieved i.e. Freshman 0-9cr, Sophomore 30-44cr, Sophomore 45-59cr, Junior 60-74cr, Junior 75-89cr, Senior ≥90cr, Earned (0-14cr, 15-29cr, 90-140cr, 105-119cr, 120-134cr, 135-149cr, 150-164cr, 165-179cr, 180-194cr, ≥195cr), Early Condition Class, Honor Program Class, Certificate, Diploma, Foundations, Master

   Campus: Male or Female, no need to add a campus restriction if the course is offered to both males and females [↑](#footnote-ref-3)