

Date: October 17, 2007
From: Jan Gibson, Radiology
To: Lynne Rowan, SP&A
Subject: CCP forms

Lisa Delaney of Curricular Services has asked us to inactivate three of the RIS courses and establish new numbers for the newly created ones. She is doing this because Banner won't accept a new number for an old course.

Inactivate RIS 44026 Radiation Therapy Pathology
Give new numbers to Radiation Therapy Pathology I (44029) and II (44030)

Inactivate RIS 44032 MRI Procedures
Give new number to MRI Procedures I (44044) and II (44045)

Inactivate RIS 44034 MRI Equipment
Give new number to MRI Equipment I (44051) and II (44052)

Can you please sign the attached CCP forms and forward them on to Lisa Delaney in Curricular Services? I already have the envelope addressed to her so you can put it in the campus mail on Thursday. Lisa will get the signatures from Joanne Arhar and Shirley Barton at the meeting on Monday. Thanks so much.

10/17/07
Jan,
I am joining these
along to you.
Lynne

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **16-Oct-07** Curriculum Bulletin _____
 Effective Date **Fall 2008** Approved by EPC _____

Department **RIS**
 College **RC - Regional Campuses**
 Proposal **Inactivate Course**
 Course Subject **RIS** Course Number **44026**
 Course Title **Radiation Therapy Pathology**
 Minimum Credits **03** Maximum Credits **03**

Selected Items are new

<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
<input type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
<input type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Fee
<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive
<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
<input type="checkbox"/> Schedule Type	<input type="checkbox"/> Other


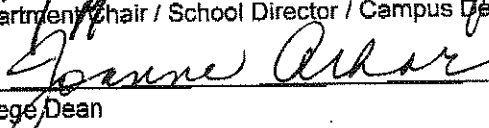
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites):

No impact on other programs. Course is inactivated to create two new courses.

Units consulted (other departments, programs or campuses affected by this proposal):

School of Speech Pathology & Audiology and College of EHHS

REQUIRED ENDORSEMENTS

	<u>10/17/07</u>
Department Chair / School Director / Campus Dean	
	<u>11/16/07</u>
College Dean	
_____	<u> / / </u>
Executive Dean of Regional Campuses	
_____	<u> / / </u>
Provost	

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CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **16-Oct-07**

Curriculum Bulletin _____

Effective Date **Fall 2008**

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Department **RIS**
 College **RC - Regional Campuses**
 Proposal **Inactivate Course**
 Course Subject **RIS** Course Number **44032**
 Course Title **MRI Procedures**
 Minimum Credits **03** Maximum Credits **03**

Selected items are new	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Fee
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	<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive
	<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input type="checkbox"/> Schedule Type	<input type="checkbox"/> Other


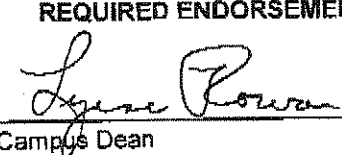
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Department **RIS**
 College **RC - Regional Campuses**
 Proposal **Inactivate Course**
 Course Subject **RIS** Course Number **44034**
 Course Title **MRI Equipment and Image Acquisition**
 Minimum Credits **03** Maximum Credits **03**

Selected items are new	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Fee
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive
	<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input type="checkbox"/> Schedule Type	<input type="checkbox"/> Other


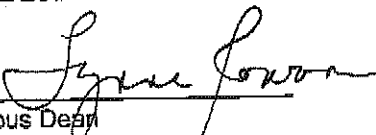
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Department Chair / School Director / Campus Dean


11/16/07

College Dean

Executive Dean of Regional Campuses

Provost

Office of the Provost
2nd Floor Library
P.O. Box 5190
Kent, OH 44242-0001
Phone: 330-672-2220
Fax: 330-672-2644



Fax

To: Joanne Archer From: Lisa Delaney
Fax: 23549 Pages: 4
Place: _____ Date: 11/15/07
Re: _____ CC: _____

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