

University of Wisconsin Oshkosh
Form C (Effective February 2003)
ACADEMIC PROGRAM ACTION ROUTING SHEET*
For New or Revised Plan (Major/Minor/Emphasis/Option/Certification)

■ **NEW (~~Attach appropriate UW System documentation~~) Documentation NOT required per Kristy Debolt/Provost's Office October 2006.**

REVISION - Check all that apply

- Plan Title (include new 30 –character abbreviation)
- Units (credits)
- Required Course
- Elective
- Discontinuance of Academic Plan (attach a rationale statement which addresses changes which have occurred in Plan, faculty expertise, enrollment trends, availability of resources, and/or foci of the discipline)
- Other

■ **Undergraduate**

- Plan (Major): Biology
 - Emphasis within Major: **Healthcare-Science**
 - Option within Major Emphasis: _____
- Plan (Minor): _____
 - Emphasis within Minor: _____
 - Option Within Minor Emphasis: _____
- _____
- Professional Core (COBA/CON/COEHS): _____

Graduate

- Plan (Program): _____
 - Option within Program: _____

Effective Date: Fall 2007 (Year)

Type of Action Required: Institution of an Emphasis, Healthcare-Science, in the Biology Major. The likely entry in the next Bulletin would read as follows:

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E. Healthcare-Science Emphasis

Recommended for students seeking a rigorous undergraduate program in the biological and social sciences related to Healthcare, particularly if graduate education is desired. The Honors version of any course may be substituted. See a Healthcare advisor for General Education recommendations in support of this Emphasis.

Required Units (crs.): 77 minimum (includes at least 12 cr that contribute to General Education)

Required courses:

- **Biology:** (32-36 cr) BIO 105 ...or... 108, 112, 211 ...or... 308, 230 ...or... 231, 233 ...or... 309, 319, 323, 343, 349, 491
- **Chemistry** (21 cr) CHEM 105, 106, 235, 335, 303

Biology Electives (12 cr minimum): At least 12 cr from the following:

- **Biology:** BIO 300 (must be Healthcare-related), 301 (must be Healthcare-related), 306, 308 (if not taken as part of Bio core), 309 (if not taken as part of Bio core), 312, 313, 315, 316, 321, 341, 344, 354, 372, 374, 389, 390, 446 (must be Healthcare-related), 456 (must be Healthcare-related)
- **One course from the following may be counted** toward the 12 cr of electives, provided its prerequisites are met:
 - CHEM 304, 305
 - KINESIOL 348, 350, 375
 - PSYCH 367, 383, 384, 455

Required Courses that contribute to General Education (12-13 cr):

- **Ethics:** (3 cr) PHIL 105
- **Mathematics:** (3-4 cr) MATH 171 ...or... PSYCH 203
- **Psychology:** (6 cr) PSYCH 101 plus *any one* of the following: PSYCH 220, 271, 280, 291, 303, 310, 331, 338, 355, 390

Justification of Proposed Change Please see cover letter

For a new undergraduate or graduate Plan or a change in an existing undergraduate or graduate plan, provide classification and funding source information.

Plan classification: I ___ II X
Funding Source: New GPR ___ Extramural ___ Base Reallocation ___
Redeployment ___ Enrollment ___ No Change X ___

Classification I: A Plan with significant implications for UW System resource requirements or for interinstitutional planning.

Classification II: A Plan with minimal implications for UW System resource requirements or for interinstitutional planning.

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FORM C: ACADEMIC PROGRAM ACTION ROUTING SHEET* -SIDE 3

Does this change or impact the requirements for the existing Plan (Major/Minor/Emphasis/Option/Certification)?

No

Yes- Please explain: See cover letter.

If change impacts a Plan (Major/Minor/Emphasis/Option/Certification) outside the initiating unit, have these units been contacted?

No

Yes- Please list: Chemistry, Kinesiology & Health, Philosophy, Psychology; see letter of notification and agreement

Prior to the initiation of the approval process, please contact the Registrar's office at 3007 for consultation about possible impact of proposed changes.

Registrar: _____

Date: _____

APPROVALS**

Department Chair(s): _____ Date: _____

Division Chair: _____ Date: _____

Curriculum Committee: _____ Date: _____

Dean/College: _____ Date: _____

Graduate Studies: _____ Date: _____

APGES Committee Chair (if applicable): _____ Date: _____

APC Committee Chair: _____ Date: _____

Provost and Vice Chancellor: _____ Date: _____

Chancellor: _____ Date: _____

* Refer to UW Oshkosh Academic Program Change Matrix in Faculty Handbook for information about forms and routing instructions.

** For a new Plan, or change in an existing Plan, approval indicates no duplication of other Plans at the University and consultation with other Deans as appropriate. For discontinuance of an academic Plan, consultation with other relevant Deans is necessary.