

FORM C - DEGREE/PROGRAM CHANGE

CIP CODE

Date: 10/10/08

Elizabeth J. Greer
(Name of individual initiating curricular change form)

Program Director/Lecturer III
(Title, position, telephone number)

ejgreer@unm.edu
(Email address)

Radiology/Rad Sciences/Nuclear Medicine
(Department/Division/Program/Branch)

Mark Appropriate Program:

Undergraduate Degree Program

Graduate Degree Program (For existing degree only)

Mark appropriate category:

| | NEW | REVISION OF | DELETION | NAME CHANGE |
|--|--|-------------------------------------|--------------------------|--------------------------|
| Degree <u> </u> Type | <input type="checkbox"/> Undergraduate degree only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Major | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Minor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concentration | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emphasis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Department | <input type="checkbox"/> | NA | <input type="checkbox"/> | <input type="checkbox"/> |
| Subject Code | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Give exact title and requirements as they should appear in the catalog. See current catalog for format within the respective college (attach additional sheets if necessary). Identify in bracket form what is being changed.

See attachment FORM C BSRs Concentration-Nuclear Medicine RADS 382 SPECIAL PROCEDURES DELETION CATALOG REVISION

UNM
NOV 13 2008

Reason(s) for Request (attach additional sheets if necessary).

Course was renamed from HSCI 404 to RADS 382 (FORM A dated July 15, 2003), this "Course will be specific to the Radiography Program." This is NOT part of the Nuclear Medicine BSRs Concentration Program.

Attach statements to address Budgetary and Faculty Load Implications and Long-range planning.

Does this change affect in a significant way, any other departmental programs/branch campuses? Yes No

If yes, have you resolved these issues with department/branch involved? (attach statement)

Proposed Effective Term: Summer , 2009
Term Year

Required Signatures:

| | |
|--|----------------------------------|
| Department Chair <u> </u> | Date <u>11/6/08</u> |
| College Curriculum Committee <u> </u> | Date <u> </u> |
| College or School Faculty (if necessary) <u> </u> | Date <u> </u> |
| College or School Dean/Dean of Instruction <u>Sally M. Cozgrove</u> | Date <u>11/2/09</u> |
| Office of the Registrar—Catalog <u>Elizabeth J. Greer</u> | Date <u>01/05/09</u> |
| Director of relevant Library <u> </u> | Date <u>11/11/08</u> |
| FS Graduate Committee (graduate courses) <u> </u> | Date <u> </u> |
| FS Undergraduate Committee (undergraduate courses) <u> </u> | Date <u>02/11/09</u> |
| FS Curriculum Committee <u> </u> | Date <u>3-5-09</u> |
| Assoc. Provost for Academic Affairs <u> </u> | Date <u>3/11/09</u> |
| Faculty Senate <u> </u> | Date <u> </u> |
| Board of Regents <u> </u> | Date <u> </u> |

Entered Banner

Entered Catalog

For Registrar's Office ONLY

Copies Mailed

ROUTING (All Four Collated Sets)

1. Department Chairperson
2. College Curriculum Committee
3. College or School Faculty (if necessary)
4. College or School Dean/Dean of Instruction
5. Office of the Registrar—Catalog
6. Director of relevant Library
7. FS Graduate Committee (graduate courses)
8. FS Undergraduate Committee (undergraduate courses)
9. FS Curriculum Committee
10. Assoc. Provost for Academic Affairs
11. Faculty Senate
12. Board of Regents (new degree only)

Assigned by Associate Provost for Academic Affairs

* Plan for curricular process to take at least 12 months.

This form is for Nuclear Medicine Imaging Concentration Program
Name of New or Existing Program

This program is or would be located in current undergraduate/graduate catalog on page(s) 562

FORM C BSRS Concentration-Nuclear Medicine RADS 382 SPECIAL PROCEDURES DELETION
CATALOG REVISION

Fourth Year-Fall Semester **Catalog 2008-2009 pg. 562**

| | | | |
|------|-----|---|---|
| CJ | 221 | Interpersonal Communication | 3 |
| MGMT | 308 | Ethical, Political and Social Environment | 3 |
| HSCI | 378 | Current Problems I | 3 |
| ECON | 335 | Health Economics | 3 |

Budgetary and Faculty Load Implication and Long-range planning-Concentration Nucs HSCI382 Deletion

Justification for deleting the course: This course is NOT a part of the existing Bachelor of Science in Radiologic Sciences-Concentration in Nuclear Medicine (FORM A dated July 15, 2003, course deletion). No additional faculty will be required to teach this class.

EXISTING COURSE MINOR CHANGE FORM A

| UNIT PREPARES IN QUADRUPPLICATE | |
|---------------------------------|---|
| Routing (All four copies) | |
| 1. | College Dean or designate |
| 2. | Office of Graduate Studies (if graduate credit) |
| 3. | Office of the Registrar—Scheduling Office |
| 4. | FS Curricula Committee |

Date: July 15, 2003

Robert F George
(Name of individual initiating form)

*Please allow at least 2-4 months to complete entire review process.

Faculty/Program Advisor
(Title, position, telephone number)

Radiology/
Radiologic Sciences Programs
(Department/Division/Program/Branch)

Existing course (prefix/number) HSci 404

Title of existing course Med Imaging Theory I

This course is located in current undergraduate catalog on page 472

This course is located in current graduate catalog on page _____

Be certain to include * for any course carrying graduate credit in all spaces on the form where applicable. This is necessary for the both catalogs. (for courses numbered 400-499)

CHECK BOX THAT APPLIES

1. Change in course prefix/number from HSci 404 to Rad Sc 382
Is content under the new prefix/number essentially the same? Yes X No _____
If no, why should this not be a new course? (please address question on separate sheet)
If the changes involve laboratory work, what will be hours of lecture? _____ lab? _____
If changing a 100-200 level course to 300-400 level what impact will this have on branch campuses?

2. Change in Course Title from Med Imaging Theory I
to Special Procedures

Give title abbreviation for available machine recording space. Spaces and punctuation are included in the 20 spaces allowed.

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| S | P | E | C | | P | R | O | C | | | | | | | | | | | |
|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|

3. Change in description of course to read: (less than 35 words, co and/or prerequisite are not counted towards 35 word limit)
Include outline which demonstrates content under new description is essentially the same.

4. Change in credit value of course number _____ from _____ to _____ hours. Any increase in credit must be accompanied by a rationale for the change and a plan for the increased faculty load (including how other offerings are affected). Any decrease of two or more hours must have the same information.

5. Change in grade option: from letter grade to CR/NC exclusively _____, or from CR/NC to letter grade _____

6. Deletion of Course No. _____ How will this affect student programs? _____
(If 100-200 level course, what impact will this have on branch campuses?) Attach documentation of contact with branch campus(es) to include signature of Associate Provost for Academic Affairs.

7. Course No _____ to be/not to be also offered as _____ (Dept. and Course No.)

Reason for minor course change request:

Course will be specific to the Radiography Program.

Is it possible this change might impinge on other established departmental programs/branch campus(es)? Yes _____ No X

If yes, have you resolved these issues with the department/branch campus(es) involved? Yes _____ No _____

If the issue is not resolved, it is subject to review/discussion by the FS Curricula Committee.

Session when proposed change would become effective: Fall 2004
(semester, year)

Required Signatures:

| | |
|---|-----------------------|
| Department Chairperson <u>[Signature]</u> | Date: <u>07/21/03</u> |
| Also Offered As Department (If applicable) <u>[Signature]</u> | Date: _____ |
| College or School Dean/Director of Instruction <u>[Signature]</u> | Date: <u>7/22/03</u> |
| Office of Graduate Studies (If necessary) _____ | Date: _____ |
| Office of the Registrar—Scheduling Office _____ | Date: _____ |
| Faculty Senate Curriculum Committee _____ | Date: _____ |

Received

For Scheduling Office Use ONLY: (After approval by Faculty Senate Curriculum Committee)
Entered (Mainframe) _____
Entered (Catalog) _____

Mailed

EXISTING COURSE MINOR CHANGE FORM A

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Date: July 15, 2003

Robert F George
(Name of individual initiating form)

*Please allow at least 2-4 months to complete entire review process.

Faculty/Program Advisor
(Title, position, telephone number)

Existing course (prefix/number) HSci 404

Radiology/
Radiologic Sciences Programs
(Department/Division/Program/Branch)

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|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| S | P | E | C | | P | R | O | C | | | | | | | | | | | |
|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|

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Session when proposed change would become effective: Fall 2004
(semester, year)

Required Signatures:

Department Chairperson [Signature] Date: 07/21/03

Also Offered As Department (If applicable) _____ Date: _____

College or School Dean/Director of Instruction [Signature] Date: 7/22/03

Office of Graduate Studies (If necessary) _____ Date: _____

Office of the Registrar—Scheduling Office _____ Date: _____

Faculty Senate Curriculum Committee _____ Date: _____

Received

For Scheduling Office Use ONLY: (After approval by Faculty Senate Curriculum Committee)
Entered (Mainframe) _____
Entered (Catalog) _____

Mailed