**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** OPTM 635 Neuroanatomy - Neurophysiology

**Initiating Individual:** Robert Buckingham  **Initiating Department or Unit:** Michigan College of Optometry

**Contact Person's Name:** Robert Buckingham  **Email:** buckingr@ferris.edu  **Phone:** 3703

- [ ] Group I-A – New Degree, major, concentration, minor, or redirection of a current offering
- [ ] Group I-B – Deletion of a degree, major, concentration, or minor
- [ ] Group II-A – New Course, modification of a course, deletion of a course
- [x] Group II-B – Minor Curriculum Clean-up
- [ ] Group III – Certificate ( [ ] College Credit  [ ] Non-credit  [ ] New Certificate)
- [ ] Group IV – Other site location ( [ ] College Credit  [ ] Non-credit )

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* Support with Concerns or Not Support must include identification of specific concern with appropriate rationale.

**Number Count must be given for all members present and/or voting.**

To be completed by Academic Affairs  
Date of Implementation: [Click here to enter text.]

__________________________  
President (Date Approved)

__________________________  
Board of Trustees (Date Approved)

__________________________  
Academic Officers of MI (Date Approved)
1. **Proposal Summary:** (Summary is generally less than one page. Briefly state what is proposed with a summary of rationale and highlights)
   The purpose of this proposal is to update the prerequisite for the course.

2. **Summary of Curricular Action (Check all that apply to this proposal)**
   - [ ] Degree  [ ] Major  [ ] Minor  [ ] Concentration  [ ] Certificate  [ ] Course
   - [ ] New  [ ] Modification  [ ] Deletion
   Name of Degree, Major, etc.: Doctor of Optometry (O.D.)

3. **Summary of All Course Action Required:** Click here to enter text.
   - **A. Newly Created Courses to be Added to the Catalog**
     - Prefix  Number  Title
     - [ ] Click here to enter text.  [ ] Click here to enter text.  [ ] Click here to enter text.
   - **B. Courses to be Deleted from FSU Catalog**
     - Prefix  Number  Title
     - [ ] Click here to enter text.  [ ] Click here to enter text.  [ ] Click here to enter text.
   - **C. Existing Courses to be Modified**
     - Prefix  Number  Title
     - [ ] OPTM  635  Neuroanatomy - Neurophysiology
   - **D. Addition of existing FSU courses to program**
     - Prefix  Number  Title
     - [ ] Click here to enter text.  [ ] Click here to enter text.  [ ] Click here to enter text.
   - **E. Removal of existing FSU courses from program**
     - Prefix  Number  Title
     - [ ] Click here to enter text.  [ ] Click here to enter text.  [ ] Click here to enter text.

4. **Summary of All Consultations**
   - Form Sent (B or C)  Date Sent  Responding Department  Date Received & By Whom
   - [ ] Click here to enter text.  [ ] Click here to enter text.  [ ] Click here to enter text.  [ ] Click here to enter text.

5. **Will External Accreditation be sought? (For new programs or certificates only)**
   - [ ] Yes  [x] No
   - If yes, name the organization involved with accreditation for this program. Click here to enter text.

6. **Is a PCAF required?**
   - [ ] Yes  [ ] No
   - **Is the PCAF approved?**
     - [ ] Yes  [ ] No
     - (If yes, supply link on Academic Affairs website where PCAF is posted.)

7. **Program Checksheets affected by this proposal (Check all that apply to this proposal)**
   - [ ] Add Course  [ ] Delete Course  [ ] Modify Course  [x] Change Prerequisite
   - [ ] Move from required to elective  [ ] Change Outcomes and Assessment Plan
   - [ ] Change Credit hours

8. **List all Checksheets affected by this proposal:**
   - College  Department  Program
   - [ ] Click here to enter text.  [ ] Click here to enter text.  [ ] Click here to enter text.
To be completed by each department affected by the proposed change, addition, or deletion. Potential duplication of coursework is reason for consultation.

1. This completed form must be forwarded with the proposal to the administrator of the department to be consulted.

2. The department must respond within 10 business days of receipt of this form to insure inclusion in the final proposal. The completed original is returned to the Academic Senate Office to be inserted into the proposal and a copy is returned to the initiator.

   The department must acknowledge receipt of this form and the proposal in writing to the initiator.

   **Failure to respond by 10 business days of receipt of this form is interpreted as support for the proposal.**

3. The Proposing Department must address any concerns raised by the consulted department. This response must be in writing and will be included in the proposal following the original consultation form.

**RE:** Proposal Title **OPT 635 Neuroanatomy - Neurophysiology**

Initiato(s): Robert Buckingham

Proposal Contact: Robert Buckingham, Associate Dean  Date Sent: Click here to enter text.

Department: Michigan College of Optometry  Campus Address: MCO 231

(Please type)

Responding Department: Biology Department

Administrator: Joe Lipar  Date Received: Click here to enter text. Date Returned: Click here to enter text.

Based upon department faculty review on Click here to enter text. (Date) we:

☐ Support the above proposal.
☐ Support the above proposal with the modifications and concerns listed below.
☐ Do not support the proposal for the reasons listed below.

Comment regarding the impact this proposal has on current curriculum including prerequisites, scheduling, room assignments, and/or faculty load for your department. Use additional pages, if necessary. Click here to enter text.
CURRICULUM CONSULTATION FORM

For proposals affecting graduate and professional curricula

1. This completed form should be forwarded with the proposal to the chair of the University Graduate and Professional Council.

2. The University Graduate and Professional Council must respond within 10 business days of receipt of this form to insure inclusion in the final proposal. The completed original form is returned to the Academic Senate office to be inserted into the proposal and a copy is returned to the initiator.

   Failure to respond by 10 business days of receipt of this form is interpreted as support for the proposal.

3. The Proposing Department must respond to any concerns by the Council. This response must be in writing and will be included in the proposal following the original consultation form.

RE: Proposal Title OPTM 635 Neuroanatomy - Neurophysiology

Initiator(s): Robert Buckingham

Proposal Contact: Robert Buckingham  Date Sent: Click here to enter text.

Department: Michigan College of Optometry  Campus Address: MCO 231
(Please type)

Response from: University Graduate and Professional Council (UGPC)  Date: 5/9/15

Chair: Click here to enter text.  Date Received: Click here to enter text.  Date Returned: Click here to enter text.

Based upon University Graduate and Professional Council review on (date), we

☐ Support the above proposal
☐ Support the above proposal with the modifications and concerns listed below.
☐ Do not support the proposal for the reasons listed below.

Comment regarding the impact this proposal has on current graduate and professional programs at the university. Use additional pages if necessary. Click here to enter text.
Complete all items below (New or Current).

Check all boxes where modifications are being made. Enter the modification to be made (Proposed).

Course Identification

☐ Prefix (current) OPTM  ☐ Number (current) 835  ☐ LEC 3  LAB ___  SEM ___ (current)
(proposed)  (proposed)  (Enter Contact Hours per week)
LEC ___  LAB ___  SEM ___ (proposed)

☐ Title (current) Neuroanatomy & Neurophysiology
(proposed)

☐ Credit Hours (current)  ☐ Prerequisites (current) OPTM 538  Co-requisite (current)
(proposed)  (proposed) BIOL 538  (proposed)

☐ Course Description (current): (125 words maximum)
Study of the cells of the nervous system and synaptic transmission. Development of the nervous system and comprehensive review of functional anatomy of the central and peripheral nervous systems. Special emphasis on brainstem, cranial nerve, and cortical anatomy. Prerequisites: OPTM 538. Typically Offered Fall Only.

(proposed): Study of the cells of the nervous system and synaptic transmission. Development of the nervous system and comprehensive review of functional anatomy of the central and peripheral nervous systems. Special emphasis on brainstem, cranial nerve, and cortical anatomy. Prerequisites: BIOL 538. Typically Offered Fall Only.

☐ Course Outcomes and Assessment Plan (current)
(proposed):

☐ Course Outline including Time Allocation (current)
Express Time Allocation in one of the following formats for a 3 credit hour course; adjust accordingly:
Weeks (15 weeks)
Hours (45 hours; assuming 3 contact hours per week)
Percentages (100 percent)
(proposed)
MODIFY A COURSE
Course Data Entry Form
FORM F
Rev. September 2012

I. ACTION TO BE TAKEN: MODIFY A COURSE
Desired Term Effective (6 digit code only): 201508 (Fall) Examples: 201301 (Spring), 201308 (Fall) Note: The first four digits indicate year, the next two digits indicate month in which term begins.

II. COURSE TO BE MODIFIED:
a. Course Prefix: OPTM  
b. Number: 635  
c. Title: Neuroanatomy - Neurophysiology

LIST THE LETTER(S) OF ALL CHANGES FROM SECTION III BELOW.
See Appendix E instructions for completing forms.

III. MODIFICATIONS: Enter ONLY the modification(s) proposed.

a. Course Prefix  
b. Number  
c. Contact hours  
d. Lecture  
e. LAB  
f. Seminar  
(Enter hours per week in box. See formula for contact hours to credit hours in Appendix E.)

g. □ Practicum  
□ INDependent Study  
(If yes, Max Times or Max Credits Awarded)
h. Course Title:  
(Limit to 30 characters including punctuation and spaces.)
i. College Code:
j. Department Code:
k. Credit Hours: Check (x) type  
□ Variable  
□ Fixed  
(Maximum Credit Hours)

l. May Be Repeated for Credit: Check (x)  
□ Yes  
□ No

m. Grade Method: Check (x)  
□ Normal Grading  
□ Credit/No Credit (Pass/Fail)

n. Does proposed new course replace an equivalent course? Check (x)  
□ Yes  
□ No

□ Equivalents course:  
Prefix  
Number
p. Catalog Description:  
(Limit to 125 words – PLEASE BE CONCISE.
Study of the cells of the nervous system and synaptic transmission. Development of the nervous system and comprehensive review of functional anatomy of the central and peripheral nervous systems. Special emphasis on brainstem, cranial nerve, and cortical anatomy. Prerequisites: BIOL 538. Typically Offered Fall Only

q. Term(s) Offered:  
r. Max Section Enroll ment  
Section(s) Affected:
s. Prerequisites or Restrictions: (If none, leave blank. Limit to 100 characters including punctuation and spaces.) Change prerequisites from OPTM 538 to BIOL 538

t. Co-requisites: courses must be taken concurrently (If none, leave blank. Limit to 100 characters including punctuation and spaces.)

To be completed by Academic Affairs Office:  
- Standard & Measures Coding and General Education Code

□ Basic Skill (BS)  
□ General Education (GE)  
□ Occupational Education (OC)  
□ G.E. Codes

UCC Chair Signature/Date:  
Academic Affairs Approval Signature/Date:  
Office of the Registrar use ONLY

Date Rec'd:  
Date Completed:  
Entered: SCACRSE  
SCADETL  
SCARES  
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Summer Semester

- CP 201A 3.00 Total of Core Courses
- CP 201B 3.00 Core Courses
- CP 201C 3.00 Core Courses
- CP 201D 3.00 Total of Core Courses
- CP 201E 3.00 Core Courses
- CP 201F 3.00 Core Courses
- CP 201G 3.00 Total of Core Courses
- CP 201H 3.00 Core Courses
- CP 201I 3.00 Core Courses
- CP 201J 3.00 Total of Core Courses
- CP 201K 3.00 Core Courses
- CP 201L 3.00 Core Courses
- CP 201M 3.00 Total of Core Courses
- CP 201N 3.00 Core Courses
- CP 201O 3.00 Core Courses
- CP 201P 3.00 Total of Core Courses
- CP 201Q 3.00 Core Courses
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- CP 201S 3.00 Total of Core Courses
- CP 201T 3.00 Core Courses
- CP 201U 3.00 Core Courses
- CP 201V 3.00 Total of Core Courses
- CP 201W 3.00 Core Courses
- CP 201X 3.00 Core Courses
- CP 201Y 3.00 Total of Core Courses
- CP 201Z 3.00 Core Courses

Michigan College of Optometry
2014-2015 Curriculum