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

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| * **Contact QU Health Academic Quality Department** for any guidance and support in completing this form.
* Complete this form to request **UPDATE 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. |

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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 specifyClick 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 Department 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** |
| * **PROGRAM LEARNING OUTCOMES**
 |
| Is there any impact on the overall achievement of the program learning outcomes? | [ ]  Yes | [ ]  No |
| If yes, describe the impact.  |
| Click or tap here to enter text. |
| * **CORE CURRICULUM PROGRAM**
 |
| Is there any impact on the core curriculum program? | [ ]  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 is has been approved by the Core Curriculum Department  | [ ]  Approved[[1]](#footnote-1) | Date | Click or tap to enter a date. |
| * **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[[2]](#footnote-2) | 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[[3]](#footnote-3) | Date | Click or tap to enter a date. |
| * **ACCREDITED PROGRAMS**
 |
| Name of accreditation agency | Click or tap here to enter text. |
| Is there any impact on the status of program accreditation, if relevant? | [ ]  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 this change has been discussed with, and approved by, the relevant accreditation agency, if applicable | [ ]  Approved[[4]](#footnote-4) | Date | Click or tap to enter a date. |
| * **FACULTY**
 |
| Is there any impact on faculty (including clinical/ adjunct/preceptors etc.)? | [ ]  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 this change has been discussed with Faculty  | [ ]  Confirmed | Date | Click or tap to enter a date. |
| * **LIBRARY**
 |
| Is there any impact on the Library? | [ ]  Yes | [ ]  No |
| If yes, describe the impact and how this will be handled.  |
| Click or tap here to enter text. |
| If yes, confirm that this change has been discussed with the Library  | [ ]  Confirmed | 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. |

###### cid:image002.jpg@01D55746.432AE6F0cid:image002.jpg@01D55746.432AE6F0template-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)* | EnglishClick or tap here to enter text. |
| Arabic Click or tap here to enter text. |
| Registration Restrictions[[5]](#footnote-5) |
| 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. |
| Course Objectives | Click or tap here to enter text. |
| Course Learning Outcomes | Click or tap here to enter text. |
| Map the course learning outcomes (CLOs) to the program learning outcomes (PLOs) indicating the level of achievement as Introduced (I), Developed (D), Mastered (M) | CLO |  PLO (inc. mastery level) |
|  |  |
| Mapping of assessment methods to course learning outcomes  | Assessment Method | CLO |
| e.g. Final exam Click or tap here to enter text. | e.g. CLO 1-3 Click or tap here to enter text. |
| Principal topics covered | Click or tap here to enter text. |
| Textbooks(s) | Click or tap here to enter text. |
| References | Click or tap here to enter text. |
| **Education Excellence Themes** |
| Please choose the appropriate themes and demonstrate their adoption/implementation by quoting (using double quotes) the exact phrases used to indicate their adoption in the text of (the course description, the course objectives, or proposed course learning outcomes). \*The themes “Digitally Enriched” and “Learner-Centric” are to be included in all courses. In addition, another prioritized theme out of the three remaining themes is to be chosen based on the discipline and course level. |
| **Themes****المحاور** | **Implemented****تم تنفيذ المحور** | **Teaching Methods****طرق التدريس** | **Course Learning Outcomes****مخرجات التعلم للمقرر**  |
| Digitally Enriched\*التعليم المعزز بالرقمنة | [ ]  Yes [ ]  No | Click or tap here to enter text. | Click or tap here to enter text. |
| Learner-Centric\*التعليم المتمركز حول المتعلم | [ ]  Yes [ ]  No | Click or tap here to enter text. | Click or tap here to enter text. |
| Experientialالتعليم التجريبي | [ ]  Yes [ ]  No | Click or tap here to enter text. | Click or tap here to enter text. |
| Entrepreneurial التعليم الريادي | [ ]  Yes [ ]  No | Click or tap here to enter text. | Click or tap here to enter text. |
| Research-Informedالتعليم القائم على البحث العلمي | [ ]  Yes [ ]  No | Click or tap here to enter text. | Click or tap here to enter text. |
|  **Graduate Attributes سمات الخريجين** |
| **Graduate Attributes****سمات الخريجين** | **Supporting Competencies** **الكفايات الداعمة** | **Course Learning Outcomes (CLOs****مخرجات التعلم للمقرر**  |
| **CLO1** | **CLO2** | **CLO3** | **CLO4** | **CLO5** | **CLO6** | **CLO7** | **CLO8** |
| A1: CompetentA 1: الكفاءة | C1: Subject‐matter mastery C1: إتقان الموضوع والمادة |  |  |  |  |  |  |  |  |
| C2: Critical‐thinking skills C2: مهارات التفكير الناقد |  |  |  |  |  |  |  |  |
| C3: Problem‐solving skills C3: مهارات حل المسائل |  |  |  |  |  |  |  |  |
| C4: Research, and Novel and Adaptive Thinking C4: البحث والتفكير الإبداعي والتكيفي |  |  |  |  |  |  |  |  |
| A2: Life‐long Learner A2 : التعلم مدى الحياة  | C5: Self-awarenessC5: الوعي الذاتي |  |  |  |  |  |  |  |  |
| C6: AdaptabilityC6: القدرة على التكيف |  |  |  |  |  |  |  |  |
| C7: Adaptive ThinkingC7: التفكير التكيفي |  |  |  |  |  |  |  |  |
| C8: Desire for life-long learningC8: الرغبة في التعلم مدى الحياة |  |  |  |  |  |  |  |  |
| A3: Well Rounded A3 : الإلمام  | C9: CulturedC9: الثقافة |  |  |  |  |  |  |  |  |
| C10: Effective communication skills C10 مهارات التواصل الفعالة |  |  |  |  |  |  |  |  |
| C11: Awareness of local and international issues C11: الوعي بالقضايا المحلية والدولية |  |  |  |  |  |  |  |  |
| A4: Ethically and Socially Responsible A4 : المسؤولية الأخلاقية والاجتماعية | C12: Embody the Arabic‐Islamic identity C12: تجسيد الهوية العربية الإسلامية |  |  |  |  |  |  |  |  |
| C13: Embrace diversity C13 : تقبل التنوع |  |  |  |  |  |  |  |  |
| C14: Professional and ethical conduct C14: السلوك المهني والأخلاقي |  |  |  |  |  |  |  |  |
| C15: Civically engaged C15 : المشاركة المدنية |  |  |  |  |  |  |  |  |
| C16: Community and Global EngagementC16 : المشاركة المجتمعية والعالمية |  |  |  |  |  |  |  |  |
| A5: Entrepreneurial A5 : التفكير الريادي | C17: Creativity and innovationC17:الإبداع والابتكار |  |  |  |  |  |  |  |  |
| C18: CollaborativeC18: التعاون |  |  |  |  |  |  |  |  |
| C19: ManagementC19:الإدارة |  |  |  |  |  |  |  |  |
| C20: Interpersonal C20: مهارات التعامل مع الآخرين |  |  |  |  |  |  |  |  |
| C21: LeadershipC21: القيادة |  |  |  |  |  |  |  |  |

###### 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 Department for guidance, if needed)

|  |
| --- |
| **Updated Study Plan**  |
| **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 | Pre-requisites | Concurrent pre-requisite | Course No. | Course Title | Credit Hours | Pre-requisites | Concurrent pre-requisite |
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| Total Credit Hours in Semester |  | Total Credit Hours in Semester |  |
| **Spring Semester**  | **Spring Semester** |
| Course No. | Course Title | Credit Hours | Pre-requisites | Concurrent pre-requisite | Course No. | Course Title | Credit Hours | Pre-requisites | Concurrent pre-requisite |
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| **Total Credit Hours in Semester** |  | **Total Credit Hours in Semester** |  |

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| **THIRD YEAR ([ ] credit hours)** | **FOURTH YEAR ([ ] credit hours)** |
| **Fall Semester**  | **Fall Semester** |
| Course No. | Course Title | Credit Hours | Pre-requisites | Concurrent pre-requisite | Course No. | Course Title | Credit Hours | Pre-requisites | Concurrent pre-requisite |
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| **Total Credit Hours in Semester** |  | **Total Credit Hours in Semester** |  |
| **Spring Semester**  | **Spring Semester** |
| Course No. | Course Title | Credit Hours | Pre-requisites | Concurrent pre-requisite | Course No. | Course Title | Credit Hours | Pre-requisites | Concurrent pre-requisite |
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| Total Credit Hours in Semester |  | Total Credit Hours in Semester |  |

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| --- | --- |
| **FIFTH YEAR ([ ] credit hours)** | **SIXTH YEAR ([ ] credit hours)** |
| **Fall Semester**  | **Fall Semester** |
| Course No. | Course Title | Credit Hours | Pre-requisites | Concurrent pre-requisite | Course No. | Course Title | Credit Hours | Pre-requisites | Concurrent pre-requisite |
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| **Total Credit Hours in Semester** |  | **Total Credit Hours in Semester** |  |
| **Spring Semester**  | **Spring Semester** |
| Course No. | Course Title | Credit Hours | Pre-requisites | Concurrent pre-requisite | Course No. | Course Title | Credit Hours | Pre-requisites | Concurrent pre-requisite |
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|  |  |  |  |  |  |  |  |  |  |
| Total Credit Hours in Semester |  | Total Credit Hours in Semester |  |

1. Provide evidence of approval (e.g. emails etc.) 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. Provide evidence of approval (e.g. emails etc.) from the Dean of the affected college as an appendix. [↑](#footnote-ref-3)
4. Provide evidence of approval (e.g. emails etc.) as an appendix. [↑](#footnote-ref-4)
5. 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-5)