

DOCUMENT N: COURSE AND PROGRAM DEVELOPMENT COVER SHEET

See Course and Program Development Policy and Procedures for Instructions

SCHOOL: LAW <input type="checkbox"/> MSB <input type="checkbox"/> YGCLA <input checked="" type="checkbox"/>	Contact Name: Gina M. Finelli	Phone: 5349
DEPARTMENT / DIVISION: Applied Behavioral Sciences		
SHORT DESCRIPTION OF PROPOSAL (State Document N action item from Box 3 below and program name OR course name, code, & number as applicable):		
9 Deactivate a Course: SOCI 607 Sociology of Health Services		
PROPOSED SEMESTER OF IMPLEMENTATION: Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Year: 2010		

Box 1: TYPE OF ACTION	ADD(NEW) <input type="checkbox"/>	DEACTIVATE <input checked="" type="checkbox"/>	MODIFY <input type="checkbox"/>	OTHER <input type="checkbox"/>
Box 2: LEVEL OF ACTION	Non-Credit <input type="checkbox"/>	Undergraduate <input type="checkbox"/>	Graduate <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

Box 3: ACTION ITEM (check appropriate boxes)		DOCUMENTS REQUIRED (see box 4 below)	IMPACT REVIEWS (see box 5 on back)	APPROVAL SEQUENCE (see box 6 on back)
	1. Experimental Course ¹	N, O, P	a, c, e	AC
	2. Course Title	N, O		ACD
	3. Course Credits	N, O, (P)		ACD
	4. Course Number	N, O		ACD
	5. Course Level	N, O		ACD
	6. Pre & Co-Requisite	N, O		ACD
	7. Course Description	N, O, P		ABCDEF
	8. New Course	N, O, P		ABCDEF
X	9. Deactivate a Course	N, O		ACDEF
	10. Program Requirements	N, O	(b, c, d, e)	ACDEF
	11a. UG Specialization (24 credits or less)	N, O	a, b, c, d, e	ACDEF
	11b. Masters Specialization (12 credits or less)	N, O	a, b, c, d, e	ACDEF
	11c. Doctoral Specialization (18 credits or less)	N, O	a, b, e	ACDEF
	12. Minor (add or delete)	N, O	a, b, c, d, e	ACDEF
	13. Closed Site Program	N, O	e	ACDEIL
	14. Program Suspension	N, O, S	a, e	ACDEFGIJL
	15. Program Reactivation	N, O		
	16a. Certificate Program (ug/g) exclusively within existing degree program	N, O	a, c, e	ACDEFJIM
	16b. Certificate Program (ug/g) where degree programs do not exist or where courses are selected across degree programs (12 or more credits)	N, O, Q, R, S	a, c, e	ACDEFIKM
	17. Off-Campus Delivery of Existing Program	N, O, S	a, b, c, e	ACDEJM
	18a. UG Concentration (exceeds 24 credit hrs)	N, O, S	a, c, d, e	ACDEFGIKM
	18b. Masters Concentration (exceeds 12 credit hrs)	N, O, S	a, c, d, e	ACDEFGIKM
	18c. Doctoral Concentration (exceeds 18 credit hrs)	N, O, S	a, c, d, e	ACDEFGIKM
	19. Program Title Change	N, O, S	a, c, d, e	ACDEFGIKM
	20. Program Termination ²	N, O, S	d, e	ACDEFGIKM
	21. New Degree Program ³	N, O, Q, R, S	a, c, d, e	ACDEFGIKM
	22. Other	Varies	Varies	Varies


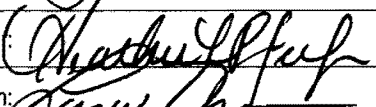
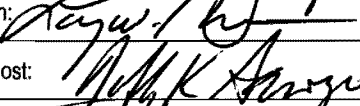
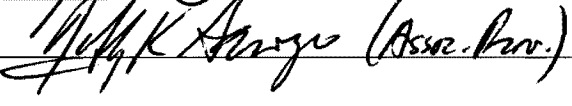
Box 4: DOCUMENTATION (check boxes of documents included)			
X	N. This Cover Sheet		Q. Full 5-page MHEC Proposal
X	O. Summary Proposal		R. Financial Tables (MHEC)
	P. Course Definition Document		S. Other documents as may be required by MHEC/ USM. See http://www.ubalt.edu/downloads/program_approval_Grid_8-3-09.docx
			T. Other

¹ Approval of experimental course automatically lapses after two offerings unless permanently approved as a new course.
² See USM Policy on the Review and Abolition of Academic Programs (<http://www.usmd.edu/regents/bylaws/SectionIII/III702.html>) for list of information that must be provided for this action.

DOCUMENT N: COURSE AND PROGRAM DEVELOPMENT COVER SHEET (Page 2 of 2)

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Box 5: IMPACT REVIEW	SIGNATURES (see procedures for authorized signers)	DATE
a. Library <input type="checkbox"/> No impact <input type="checkbox"/> Impact statement attached	Director or designee:	
b. OTS <input type="checkbox"/> No impact <input type="checkbox"/> Impact statement attached	CIO or designee:	
c. University Relations <input type="checkbox"/> No impact <input type="checkbox"/> Impact statement attached	Director or designee:	
d. Admissions <input type="checkbox"/> No impact <input type="checkbox"/> Impact statement attached	Director or designee:	
e. Records <input type="checkbox"/> No impact <input type="checkbox"/> Impact statement attached	Registrar or designee:	

Box 6: APPROVAL SEQUENCE	APPROVAL SIGNATURES	DATE
A. Department / Division	Chair: 	2-15-10
B. General Education (as required for #7, #8)		
C. Final faculty review body within each School	Chair: 	4/7/10
D. College Dean	Dean: 	4/7/10
E. Provost and Senior Vice President for Academic Affairs	Provost:  (Assoc. Prov.)	4/23/10
F. Curriculum Review Committee (UFS subcommittee)	Chair:	
G. University Faculty Senate (UFS option)	Chair:	
H. University Council ⁴	Chair:	
I. President	President:	
J. Board of Regents – notification only		
K. Board of Regents – approval		
L. MHEC – notification only		
M. MHEC – approval		
N. Middle States Association notification	Required only if the mission of the University is changed by the action	

⁴ University Council review (for a recommendation to the President or back to the Provost) shall be limited to curricular or academic policy issues

UNIVERSITY OF BALTIMORE

DOCUMENT O: SUMMARY PROPOSAL

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O-1: Briefly describe what is being requested:

Deactivation of an existing course that has not been offered at the UB for many years.

For new courses or changes in existing courses (needed by Registrar)

OLD Title:	Course # / HEGIS Code:	Credits:
NEW Title:	Course # / HEGIS Code:	Credits:

O-2: Set forth the rationale for the proposal:

There is no record of SOCI 607 Sociology of Health Services being offered at UB (data dates back to the 1970s). UB does not offer a degree in sociology at any level so it would be inappropriate to offer any courses at the graduate level with a SOCI HEGIS Code.