The University of Toledo

Existing Course Modification Form

Please enter the changes identified below to each existing course. If changes are too extensive for this format, attach a page with all information.

College  Arts & Sciences  Dept./Academic Unit  Communication Department
Contact Person: Dr. Amy Capwell-Burns  Phone: X 4380  Email: acapwel@utnet.utoledo.edu
Present  Proposed
Supply all information asked for in this column.

Department  Communication
Course Alpha/Number  COMM-3880
Course Title  Professional Business Communication

Credit Hours  3
Prerequisite(s)
Catalog Description (only if changed)  Developing advanced oral and written organizational communication skills. Practice in various types of business communication formats, preparing reports, persuasive messages and memos.

Credit Hours  3
Prerequisite(s)
Catalog Description (only if changed)  Developing oral and written business communication skills through practice in public speaking, interviewing, resume writing, and communication in various formats.

Reason for change  Revised course description reflects development of course material since 1997.
Has course content changed?  No
If course content is changed, give a brief topical outline of the revised course on an appended sheet.
List any course or courses to be dropped: ____________________________

Effective Date

Approval:

Department Curriculum Authority: ____________________________
Date: ____________

Department Chairperson: ____________________________
Date: ____________

College Curriculum Authority: ____________________________
Date: ____________

College Dean: ____________________________
Date: ____________

After college approval, submit the original signed form plus 14 copies to the Faculty Senate (UH 3220) for undergraduate-level courses; for graduate-level courses submit the original signed plus 6 copies of both parts to the Graduate School (UH 3240). For undergraduate/graduate dual-level courses, submit the proposals to each office.

UCCC or Graduate Council Curriculum Chair: ____________________________
Date: ____________

Provost's Office: ____________________________
Date: ____________

Form Revised March 2001

Office of the Provost
Curriculum & Schedule Manager