



SOUTH DAKOTA BOARD OF REGENTS
ACADEMIC AFFAIRS FORMS
New Course Request

USD	SHS/Occupational Therapy
Institution	Division/Department
<i>Elizabeth M. Freeburg</i>	3/19/2020
Institutional Approval Signature	Date

Section 1. Course Title and Description

Prefix & No.	Course Title	Credits
OCTH 812	Capstone Project in Pediatrics	2

Course Description	In this course, the student completes a culminating project that relates theory to practice and demonstrates synthesis of advanced knowledge in pediatrics.
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Pre-requisites or Co-requisites N/A

Registration Restrictions

Occupational therapy majors only

Section 2. Review of Course

2.1. Was the course first offered as an experimental course (place an "X" in the appropriate box)?

- Yes (if yes, provide the course information below) No

2.2. Will this be a unique or common course (place an "X" in the appropriate box)?

If the request is for a unique course, verify that you have reviewed the common course catalog via Colleague and the system [Course Inventory Report](#) to determine if a comparable common course already exists. List the two closest course matches in the common course catalog and provide a brief narrative explaining why the proposed course differs from those listed. If a search of the common course catalog determines an existing common course exists, complete the Authority to Offer an Existing Course Form.

Unique Course

Prefix & No.	Course Title	Credits
OCTH 802	Capstone project	1-2

Provide explanation of differences between proposed course and existing system catalog courses below:

This course will satisfy the capstone project requirements of the program but require an emphasis in pediatrics.
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Section 3. Other Course Information

3.1. Are there instructional staffing impacts?

- No.** Schedule Management, explain below: This course will replace the required OCTH 802 course in the student's program of study.

3.2. Existing program(s) in which course will be offered: Occupational Therapy, Practice Specialization in Pediatrics

3.3. Proposed instructional method by university: I – independent study

3.4. Proposed delivery method by university: U01 – Face to face, term based; U15 – Online asynchronous term based; U18 – Online synchronous

3.5. Term change will be effective: Fall 2020

3.6. Can students repeat the course for additional credit?

Yes, total credit limit: _____ No

3.7. Will grade for this course be limited to S/U (pass/fail)?

Yes No

3.8. Will section enrollment be capped?

Yes, max per section: 32 No

3.9. Will this course equate (i.e., be considered the same course for degree completion) with any other unique or common courses in the common course system database in Colleague and the [Course Inventory Report](#)?

Yes No

If yes, indicate the course(s) to which the course will equate (add lines as needed):

Prefix & No.	Course Title

3.10. Is this prefix approved for your university?

Yes No

If no, provide a brief justification below:

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Section 4. Department and Course Codes (Completed by University Academic Affairs)

4.1. University Department Code: UOTH

4.2. Proposed [CIP Code](#): 51.2306

Is this a new CIP code for the university? Yes No