



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 822	Capstone Project in Neuroscience & Rehabilitation <i>[short title: Capstone Proj in Neuro Rehab]</i>	2

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

Registration Restrictions	Occupational therapy majors only
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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

<i>Provide explanation of differences between proposed course and existing system catalog courses below:</i>
This course will satisfy the capstone project requirements of the program but require an emphasis in neuroscience and rehabilitation.

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 Neuroscience & Rehabilitation

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

3.10. **Is this prefix approved for your university?**

Yes No

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