Graduate Council Report

December 1, 2011

Course Withdrawals:

ARCH 677. Neuroscience and Architecture

FLOR 691. Research

FLOR 693. Professional Study
Texas A&M University
Departmental Request for a **Change in Course**
Undergraduate ✦ Graduate ✦ Professional
* Submit original form and attachments *

**Form Instructions**

1. Request submitted by *(Department or Program Name)*: ARCHITECTURE

2. **Course prefix, number and complete title of course:**
   ARCH 677 - Neuroscience and Architecture

3. **Change requested**
   a. Prerequisite(s): From: ______________________ To: ______________________
   b. **Withdrawal (reason):** Has not been taught in several years and does not fit in curriculum any longer
   c. Cross-list with: [Cross-listed courses require the signature of both department heads.]

4. **Change in course title and description.** Enter current complete course title and current course description in item 5; enter proposed course title and proposed course description in item 6. Complete item 7 for change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 7. **Attach a course syllabus.**

5. Complete current course title and current catalog course description:

6. Complete proposed course title and proposed catalog course description (not to exceed 50 words):

7. **As currently in course inventory:**

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Title (excluding punctuation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARCH</td>
<td>677</td>
<td>NEUROSCIENCE &amp; ARCH</td>
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<td>402</td>
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**Change to:**

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<th>Course #</th>
<th>Title (excluding punctuation)</th>
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**Approval recommended by:**

Ward V. Wells
Department Head or Program Chair *(Type Name & Sign)*

Leslie Feigenbaum
Chair, College Review Committee

Dean of College

Mark Zoran
Chair, GC or UGC

**Submitted to Coordinating Board by:**

Associate Director, Curricular Services

**Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra-williams@tamu.edu.**

Curricular Services – 02/11

[Attachment D] 2 of 5 D
Supporting Statement for ARCH 677 – Neuroscience and Architecture

WITHDRAW

Supporting Statement:
Has not been taught in several years and current descriptions is too specific to be taught in the Department of Architecture.
Texas A&M University
Departmental Request for a Change in Course
Undergraduate + Graduate + Professional
Submit original form and attachments

1. Request submitted by (Department or Program Name): Department of Horticultural Sciences

2. Course prefix, number and complete title of course: FLOR 691 Research

3. Change requested
   a. Prerequisite(s): From: ___________________________ To: ___________________________
   b. Withdrawal (Reason): Course is no longer offered.
   c. Cross-list with:

   Cross-listed courses require the signature of both department heads.

   d. Change in course title and description. Enter complete current course title and current course description in item 5. Complete item 7 for change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 7. Attach a course syllabus.

4. For informational purposes only, please indicate course number if this course will be stacked:

5. Complete current course title and current catalog course description:

6. Complete proposed course title and proposed catalog course description (not to exceed 30 words):

7. a. As currently in course inventory:

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<th>Title (excluding punctuation)</th>
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<td>RESEARCH</td>
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<th>CIP and Fund Code</th>
<th>Admin. Unit</th>
<th>EICE Code</th>
<th>Level</th>
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<td>1 5 2 0</td>
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   b. Change to:

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<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Title (excluding punctuation)</th>
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<tr>
<th>Lect.</th>
<th>Lab</th>
<th>SCH</th>
<th>CIP and Fund Code</th>
<th>Admin. Unit</th>
<th>Acad. Year</th>
<th>EICE Code</th>
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   Approval recommended by: ___________________________ Date

   Dr. Leland S. Pierson
   Department Head or Program Chair (Type Name & Sign)

   Department Head or Program Chair (Type Name & Sign) Date
   (if cross-listed course)

   Submitted to Coordinating Board by: ___________________________ Date

   Associate Director, Curricular Services

   Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu

   Curricular Services 02/11

   4 of 5 D
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
• Submit original form and attachments •

1. Request submitted by (Department or Program Name): Department of Horticultural Sciences

2. Course prefix, number and complete title of course:

   FLOR 693 Professional Study

3. Change requested

   a. Prerequisite(s): From: ____________ To: ____________

   b. Withdrawal (Reason): Course is no longer offered.

   c. Cross-list with: ____________

   Cross-listed courses require the signature of both department heads.

   d. Change in course title and description. Enter complete current course title and current course description in item 5; enter proposed course title and proposed course description in item 6. Complete item 7 for change in title.

   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 7. Attach a course syllabus.

4. For informational purposes only, please indicate course number if this course will be stacked: ____________

5. Complete current course title and current catalog course description: ____________

6. Complete proposed course title and proposed catalog course description (not to exceed 50 words):

7. a. As currently in course inventory:

   Prefix | Course # | Title (excluding punctuation)
   ------ | -------- | ------------------------------
   FLOR  | 693     | PROFESSIONAL STUDY

   Lect. | Lab | SCH | CIP and Fund Code | Admin. Unit | FICE Code | Level
   ---- | --- | --- | ------------------ | ----------- | --------- | ----
   0    | 9   | 00 | 0901103000515200036325

   b. Change to:

   Prefix | Course # | Title (excluding punctuation)
   ------ | -------- | ------------------------------

   Lect. | Lab | SCH | CIP and Fund Code | Admin. Unit | Acad. Year | FICE Code | Level
   ---- | --- | --- | ------------------ | ----------- | ---------- | --------- | ----
   0    | 9   | 00 | 0901103000515200036325

   Approval recommended by: Leland S. Pierson
   Department Head or Program Chair (Type Name & Sign) Date

   Department Head or Program Chair (Type Name & Sign) Date
   (if cross-listed course)

   Submitted to Coordinating Board by: 
   Associate Director, Curricular Services

   Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra-williams@tamu.edu
   Curricular Services – 02/11
   Effective Date: DEC 1 2011