

**University of Arkansas for Medical Sciences**  
**Office of the University Registrar**  
**GUS Course Catalog Change Form**

This form should only be used for existing courses in the UAMS course catalog. The form must be submitted with all appropriate signatures for the change to be documented in the official UAMS course catalog. Please remember to submit a copy of the updated syllabus with this form.

**Course Changes and Additions Submission Timeline**

Spring Semester	September 1 <sup>st</sup> (preceding calendar year)
Summer Semester	February 1 <sup>st</sup> (same calendar year)
Fall Semester	February 1 <sup>st</sup> (same calendar year)

**Directions:** All forms must include the GUS Course ID (this can be found in GUS when looking at course details) and current course number (ex. DHYG 3119). The first and last pages of the form must be completed in entirety. After selecting the type(s) of changes requested for the course, the form user should fully complete the corresponding form areas for those types of changes. The entire section need not be completed if the related areas are not affected. For instance, if the Course Title is changing but the Course Description will remain the same, the Course Description portion need not be filled in with the current information in GUS.

Note: Course numbers are generally not changed. If a course has changed substantially enough to merit a course number change, the current course should be retired and a “New Course Form” should be completed and submitted.

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**REQUIRED GUS Course Change Information**

GUS Course ID (five digit code):

GUS Course Number (ex. COPH 6800):

Current Course Title:

Effective Date of Change (Semester & Year):

Type of Change (select all that apply):

Descriptions of the types of changes are included in the corresponding section areas found in subsequent pages of the form.

Course Title (I)	Grading Basis (II)	Course Type (II)
Course Description (I)	Repeat Rules (II)	Enrollment Controls (III)
Number of Units (II)	Instruction Mode (II)	Exam Information (IV)

### ***Section I: Course Title & Description***

The course title and description are made available to users of GUS. Please limit the course description to 300 characters.

**New Course Title:**

**New Course Description:**

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### ***Section II: Course Parameters & Identifiers***

**Number of Units:**

This can be a fixed or variable value. If variable, provide the range of units allowable for students to select.

**Grading Basis:**

The grading basis should correspond to your colleges' approved grading schemes. Refer to your college if you are unsure of approved grading schemes.

**Instruction Mode:**

This type of course (Face-to-Face, online, etc) should be populated in GUS. Please check your course in GUS to confirm this field is populated for your course. The OUR may follow-up if a course change form is provided and this information is currently missing in GUS.

**Course Type:**

The default instruction mode is Lecture. Please check GUS and confirm that this is true for your course to provide students with the most accurate information.

### Section III: Enrollment Controls

In addition to the general parameter of enrollment based on career type, GUS can use three types of enrollment controls. Pre- and co-requisites, enrollment by population type, and consent are the available options in ascending order of control. It is not advisable to use instructor consent AND other enrollment controls on the same course. Full definitions are below.

**Pre-Requisites:** List any pre-requisite courses needed for enrollment in the course below. These are courses that must be completed prior to enrollment in the course. All fields are required. If you need additional rows, you may write them in or include them under other notes later in this form. Course ID Subject Area Course # Course Title

Course ID	Subject Area	Course #	Course Title

**Co-Requisites:** List any co-requisite courses needed for enrollment in the course below. These are courses that may be completed in prior semester or concurrently in the same semester. All fields are required. If you need additional rows, you may write them in or include them under other notes later in this form.

Course ID	Subject Area	Course #	Course Title

**Restrictions by Type of Student:** GUS can be programmed to allow only certain types of students to enroll in a given course (ex. Only PhD students in COPH). This is typically used by programs that allow both MS and PhD students to enroll in the same class but preference is given to PhD students. In this instance, placing this type of enrollment control on the class will allow any PhD student in the given college or other parameter to enroll without error but will stop an MS student from enrolling. The MS student can still enroll if the instructor gives permission by emailing [registrar@uams.edu](mailto:registrar@uams.edu) and the OUR will manually enroll the student in the class.

Important Note: If you place this type of restriction on a class AND pre-requisites or co-requisites exist, the student must meet all of the requirements to enroll without error.

Is enrollment limited to certain groups?                      Yes                      No

Please describe this limit in detail:

Ex: Students in HPP-PHD, EPI-PHD, HSS-PHD plans; Ex: Students in the College of Nursing

**Consent:** Consent should only be used if other enrollment controls are not being used. Consent will result in a permission list being sent to the primary instructor prior to the start of registration. The instructor will then be responsible for distributing permission numbers to every student who may enroll.

Is consent required?

Yes

No

### ***Section IV: Other Information***

#### **Exam Information:**

Does the course have a final exam?

Yes

No

Will the final exam occur during the normally scheduled course time? Yes

No

**Other Information:** Provide any other information relevant to the change of this course.

## APPROVALS

Proposal will not be processed without all required signatures.

..... Course Instructor Signature	Course Instructor Name
	Associate Dean Name
..... Associate Dean Signature	
_____	
Curriculum Committee Approval Date	
Today's Date: <a href="#">Click here to enter a date.</a>	
Preparer's Name:	

Please submit this form and a copy of the syllabus to:

Email: [registrar@uams.edu](mailto:registrar@uams.edu)

Mail Slot #767

Questions? 501-526-5600

<b>Office use only</b> Date Received: _____ Entered into Course Catalog in GUS <input type="checkbox"/> Entered into Schedule of Classes <input type="checkbox"/> Registrar Initials: _____	<b>Notes/Follow-up:</b>
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Revised 9/27/2019