

Curricular Offering/Change Authorization

3 Colleg	2. Chair	1. Sched	Sign and route as follows	in M	To	Change From	Drop	Add	Action		Course D Semester		X New Cou	Please Check One For Each Form
College Dean - Pink	Chairperson - Canary	1. Scheduling - White	e as follows	y signature o clusion/dele				RT	Dept.	Please	Course Number Change Course Descriptive Title Change Semester Hours Change	eletion	New Course Addition	One For Ea
¥	агу	(V		on this form signion or chang				481	Number	list below the	ge tle Change ige			ch Form
	9			My signature on this form signifies that I, or the approving agency which I chair on the following date approved the inclusion/deletion or changes listed above to the appropriate Master Course File.				Special Topics	Descriptive Title	Please list below the full information requested for the course to be	× Undergraduate Graduate	Department	Allied Health Professions	
Dean of College U	Javed C.W.	Chairperson	ANTO (9)	th I chair on the follow Course File.				1-3	Semester Hours	e to be added/dropp				List only
	regard 4		h	wing date approved the					Remarks	added/dropped or changed.			Submit this form to College Dean.	List only one entry per form.
Date	1-1289	Date /	4-4-89											

Chairperson of Curr. Comm/Grad Council

Date

Respiratory Care: The Profession

The breadth and depth of the profession of Respiratory Care will be explored. Students will be introduced to basic cardiopulmonary anatomy and physiology and the American Association for Respiratory Care. The emotional and psychological demands of working with the critically ill will be discussed.

