REQUEST TO ADD OR CHANGE AN UNDERGRADUATE ACADEMIC CERTIFICATE PROGRAM AND/OR REQUEST FOR RECOGNITION ON THE UNIVERSITY TRANSCRIPTS $^{\rm 1}$

	Type of Proposal:	New Certificate P:☐ Change an Existin☐ Delete a Program	ogram g Certificate Program			
			for addition or chang rm is required for TH			
	Proposed classificat	ion: ³ Exclusive	e General	Major		
1.	MUST CONSULT	LINDA DICKENS, DI	LLOWING QUESTIC RECTOR OF ACCRI CSCOC APPROVAL	EDITATION A	AND	LEGE
	 Is this a request Does the certific Will courses in t	_	nscript-recognized certi ill be taught off campus d electronically?		Yes	No 🖂 No 🖂
2.	THIS PROPOSAL Courses in oth colleges Course in the curriculum Change in adm requirements (or internal)	freque colleg core Chang existing Requirements catalon accept	es in proposer's college ently taken by students i	n other for an	Flags Courses th to be adde inventory	
3.	COPE OF PROPOSED CHANGE: Does this proposal impact other colleges/schools? If yes, then how? Do you anticipate a net change in the number of students in your college? If yes, how many more (or fewer) students do you expect? Do you anticipate a net increase (or decrease) in the number of students f college taking classes in your college? If yes, please indicate the number of students and/or class seats involved. Do you anticipate a net increase (or decrease) in the number of students f courses in other colleges? If yes, please indicate the number of students and/or class seats involved.		students from o involved. students from y	Yes 🔲 1	No ⊠ our No ⊠ e taking	
	has potential budge non-negligible incre- level. How many stude	tary impacts for anoth ase in the number of sents do you expect to be	ease answer the follow ner college/school, such neats offered, at least o impacted?	n as requiring r ne contact mus	new section	ns or a

Person communicated with:

Date of communication: Response:

- 4. OFFICIAL CERTIFICATE NAME: Certificate in Spanish for the Medical Professions
- 5. PROPOSED IMPLEMENTATION DATE: Fall 2018
- **6. CIP CODE** (administrative unit awarding the certificate): ⁴ 16.0905
- 7. STATEMENT OF OBJECTIVE:5

The Certificate in Spanish for the Medical Professions recognizes students who plan to pursue careers and/or postgraduate degrees in the medical professions and who wish to acquire field-specific skills in the Spanish language. In this certificate program, students will achieve advanced proficiency in the Spanish language and develop, more specifically, a mastery of the vocabulary, grammatical forms and structures, and cultural contexts useful in health care and medical environments. Students will take twenty-four credit hours in lower- and upper-division Spanish, focusing on the practical skills of speaking, reading, writing, and listening as they apply to a variety of contexts related to the medical field and its practice.

- 8. NUMBER OF STUDENTS EXPECTED TO RECEIVE THE CERTIFICATE EACH SEMESTER: We anticipate ten students per semester.
- 9. NUMBER OF HOURS REQUIRED FOR COMPLETION (Note: If the number of required hours is 21 to 24, THECB form is required: Eighteen
- 10. LIST FACULTY ON THE CERTIFICATE PROGRAM FACULTY COMMITTEE.⁷

Name of Faculty	College/Department	Title at UT Austin	Highest Degree and	
Member			Awarding Institution	
*Orlando Kelm	Spanish and	Associate Professor	Ph.D., University of	
[program chair]	Portuguese		California, Berkeley	
Cristina Cabello	Spanish and	Senior Lecturer	Ph.D., University of	
de Martinez	Portuguese		Texas at Austin	
*Dale Koike	Spanish and	Professor	Ph.D., University of	
	Portuguese		New Mexico	
Melissa Murphy	Spanish and	Senior Lecturer	Ph.D., University of	
	Portuguese		Texas at Austin	
*Sergio Romero	Spanish and	Associate Professor	Ph.D., University of	
	Portuguese		Pennsylvania	
*Sandro	Spanish and	Associate Professor	Ph.D., The Ohio State	
Sessarego	Portuguese		University	
*Almeida	Spanish and	Professor	Ph.D., Cornell	
Jacqueline	Portuguese		University	
Toribio				

11. ACADEMIC COURSE REQUIREMENTS: Use this table to identify the courses that qualify for this certificate program.

Course Abbreviation	Course Title	SCH ⁹
and Number		
SPN 601D	First-Year Spanish I	6
SPN 610D	First-Year Spanish II	6
SPN 611D	Second-Year Spanish	6

SPN 327C	Advanced Grammar and Writing in Context	3
SPN 367P 1	Spanish for the Professions, Topic 1: Spanish for the Health	3
	Care Professions	

SPN 327C carries the Global Cultures Flag

SPN 367P carries the Global Cultures and Cultural Diversity Flags

12. OTHER CERTIFICATE REQUIREMENTS: No other requirements.

13. GIVE A DETAILED RATIONALE FOR CHANGE(S):

Given the recent opening of the Dell Medical School at The University of Texas at Austin, the availability of a Medical Spanish Certificate is timely and important. We anticipate demand for this certificate based on the results of a series of student surveys and workshops held during academic years 2015-16 and 2016-17, which indicated high student interest in the development of practical skill sets on an advanced level in the Spanish language, including Medical Spanish. A number of students who complete their foreign language requirement in Spanish wish to continue studying the language on an advanced level, focused on specific professional contexts, without undertaking a major in our department. We believe this certificate program will address these student needs as well as attract students to our upper-division program who major in other areas and might not traditionally study with us on an advanced level.

14. COLLEGE/SCHOOL APPROVAL PROCESS:

Department approval date: March 31, 2017 Approved by whom: ILALC Faculty
College approval date: April 19, 2017 Approved by whom: COLA Curriculum

Design and Assessment Cmte

Dean approval date: June 5, 2017 Approved by whom: COLA Faculty

Certificate in Spanish for the Medical Professions

At least 18 semester credit hours, consisting of

Eighteen semester credit hours of lower-division SPN for non heritage speakers: SPN 601D, 610D, 611D, Twelve semester credit hours of lower-division SPN for heritage speakers: SPN 604 and 612

Three semester credit hours, chosen from SPN 327C and 327N

SPN 367P Topic 1

Please include a draft of the catalog copy immediately following the above form. If this is an update of an existing copy, the draft should be based on the text of the current catalog available at: http://catalog.utexas.edu/undergraduate/. Strike through and replace (with underlines) only the specific language to be changed. Do NOT use track changes, and do not include hyperlinks in the catalog copy. Submit form electronically to the Office of the General Faculty and Faculty Council at fc@austin.utexas.edu. For questions on completing this section, please contact Victoria Cervantes, fc@austin.utexas.edu, 471-5934 or Brenda Schumann, brenda.schumann@austin.utexas.edu, 475-7654.

- a) The transcript-recognized undergraduate academic certificate program must be completed in conjunction with or within one year of completion of an undergraduate degree at The University of Texas at Austin; students pursuing an integrated undergraduate/graduate program must complete the requirements for the certificate within one year after completing the undergraduate requirements of their program. A maximum of nine credit hours in the certificate program may be taken after completion of the undergraduate degree.
- b) Transcript-recognized undergraduate academic certificate programs must require a minimum of eighteen hours of certificate course work, but not more than twenty-four hours.

¹ Minimum Criteria for Certificate Recognition on the Transcript:

- c) At least half of the required coursework in the certificate program must be completed in residence at The University of Texas at Austin.
- d) A student may **not** earn a certificate in the same field of study as his or her major, and at least one course required in the certificate program must be outside the requirements of the major. However, courses in the certificate program outside the major may fulfill other degree requirements such as general education requirements or required elective hours.
- e) Students apply for transcript recognized undergraduate academic certificates at the time they complete their undergraduate degree or the certificate program, whichever comes later. Transcript recognition is awarded at that time.
- ² To add a certificate program that requires 21 to 24 SCH's OR to increase the number of hours of an existing certificate program from 20 or less to 21 to 24 SCH's, complete the <u>THECB Certificate Program Certification Form</u> and submit it to the provost's office, <u>lydia.cornell@austin.utexas.edu</u>. To change the number of required hours for certificates currently requiring 21 to 24 SCH's, complete the <u>THECB Request to Change Semester Credit Hours Form</u> and submit it to the provost's office, <u>lydia.cornell@austin.utexas.edu</u>. Certificate programs that require 20 or fewer SCH's do not require THECB forms.
- ³ **EXCLUSIVE**: of *exclusive* application and of primary interest only to a single college or school ("no protest" period is *seven calendar days*); **GENERAL**: of *general* interest to more than one college or school (but not for submission to the General Faculty) ("no protest" period is *fourteen calendar days*); *major* legislation must be submitted to the General Faculty for adoption ("no protest" period is *fourteen calendar days*).
- ⁴ Use the federal CIP code selector site to pick a code, http://nces.ed.gov/ipeds/cipcode. After all other areas of this form are completed, forward a copy to the Office of Institutional Reporting, Research, and Information Systems (IRRIS) <a href="https://line.org/lin
- ⁵ Include heading in *Undergraduate Catalog* where changes will be made.
- ⁶ See footnote 1b above: 18 to 24 hours are required. See footnote 2 above for THECB requirements if over 20 hours
- ⁷ For inclusion on transcripts, the faculty committee must have a minimum of five members and at least 2/3 of the committee must be tenured or tenure-track.
- Note with an asterisk those faculty members who are tenured or tenure-track. Please also note the program chair who will be responsible for authorizing the students' certificates. Specify changes to the committee membership by noting those no longer on the committee and those added to the committee. (Add and delete rows as needed.)
- ⁸ Note with an asterisk (*) courses that would be added if the certificate program is approved. Specify changes to the qualifying courses by noting those no longer qualifying and those now qualifying. (*Add and delete rows as needed.*) If the course numbers and titles change on a regular basis, please indicate the types of courses and number of hours for required for each. Note with a hashtag (#) courses that require a prerequisite and provide the prerequisite course numbers.

⁹ Semester Credit Hours.