

# School of Public Health

## Syllabus and Course Information



UNIVERSITY OF MINNESOTA  
Driven to Discover<sup>SM</sup>

### PubH 6333 Human Behavior I Course Syllabus Fall 2016

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<b>Credits:</b>	<b>2 credits</b>
<b>Meeting Day:</b>	<b>Wednesday</b>
<b>Meeting Time:</b>	<b>12:20 - 2:15pm</b>
<b>Meeting Place:</b>	<b>West Bank Office Building, Room 305</b>
<b>Instructor:</b>	<b>Dr. Toben Nelson</b>
<b>Office:</b>	<b>West Bank Office Building, Room 391</b>
<b>Office Phone:</b>	<b>(612) 626-9791</b>
<b>E-mail:</b>	<b>tfnelson@umn.edu</b>
<b>Office Hours:</b>	<b>By appointment</b>

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#### I. Course Description

This course is a core requirement for Division of Epidemiology and Community Health doctoral students in the Social and Behavioral Epidemiology track. It is intended for advanced students with social and behavioral science backgrounds. The purpose of the course is to understand and critically evaluate major conceptual themes that form the basis for research on health in the social and behavioral sciences and public health practice.

#### Acknowledgments

PubH 6333 was developed with the contributions of numerous instructors. Dr. Nelson, the current instructor, developed and selected all of the readings for the current format of the course. Dr. Hennrikus, a former instructor, had a role in the conceptual development of the course, and Drs. Lytle, Lando and Brady (current and prior instructors for PubH 6334) are acknowledged for their conceptual contributions.

#### II. Course Prerequisites:

Doctoral student in Epidemiology or consent of instructor

### **III. Course Goals and Objectives**

The course is designed to advance students' thinking about, and engagement with, important theoretical concepts in the social and behavioral sciences as they can be applied to public health and public health research. In each class period students will demonstrate their ability to:

1. identify salient concepts in social and behavioral theory applied to public health,
2. think critically about theory and its supporting evidence,
3. identify common themes and gaps across theories, and
4. apply theory to current public health problems.

### **IV. Methods of Instruction and Work Expectations**

The course is designed as an advanced course for Epidemiology doctoral students in the Social and Behavioral Epidemiology track. The primary methods of instruction are reading, guided study through written assignments, and class discussion. Students are expected to complete all of the required reading prior to class, answer questions in the study guide, and come to class prepared to discuss key points of the readings. Each student is expected to formally lead at least one class discussion.

#### **Course Expectations**

All students are expected to:

- attend all class sessions, arriving prior to the scheduled start of class so class can begin in a timely fashion;
- complete all assigned readings and written assignments on time;
- actively participate in class discussions;
- regularly read and respond to any email related to the course using their University assigned email address;
- behave in a professional and courteous manner in all course-related activities; and
- contact the instructor with any questions or concerns about the course content, evaluations or satisfactory progress in the course.

#### **Expected Effort**

University of Minnesota policy states that work expectations per credit hour are fixed at a ratio of 1:3. That is, a single credit course assumes three hours of work per week including class attendance. So, a two-credit course such as this one assumes that you will work an average of 7.5 hours per week including about 2.5 hours spent in class discussion, and 5 hours in outside study. The course has been designed with this expectation in mind; however, this is an average. Some weeks may require more time, other weeks less.

#### **Written Assignments**

Students will prepare written responses to study review questions to help them engage with, and understand, the assigned readings for each class period. Each session prior to class each student will prepare written responses to the questions on the study guides. The writing assignments will complement and support class discussions and will require students to identify salient concepts in the readings, think critically about integrate concepts across theories discussed, identify gaps in existing theory and public health practice, and understand

how theory can inform potential solutions for public health and public health research. The questions for each class period will be available on the course website at least one week in advance of the class period. The study guide questions and responses should be completed using a word processing software and printed neatly and legibly (e.g., Times New Roman or Arial 12 point font, double-spaced, 1 inch margins).

At the end of each class discussion, students will be given 15 minutes to reflect on the discussion, write about how the discussion helped shape their thinking on the issues and identify any additional questions raised in the discussion. This written assignment will then be turned in at the end of each class period.

In addition to the written assignment, each student will provide an evaluation of their own performance in, and contribution to, the class discussion using standard criteria available in class.

Instructor evaluation of student performance will be based on demonstrated achievement of course objectives in the written responses and in the classroom discussion.

### **Discussion Leadership**

All students registered for credit will be responsible for leading one class discussion. At the beginning of the semester each student will choose a topic to lead the class discussion. The student will meet with the instructor outside of class to go over preparations for leading the discussion. The student will be responsible for reading the material in advance, identifying discussion questions and shaping the classroom discussion.

### **Deadlines**

Written assignments are due at the end of class time each week. If you anticipate any difficulty meeting a deadline (due to a family emergency, documented illness, or attendance at a professional conference), arrangements must be made with the instructor in advance of the actual due date to receive credit for the assignment. Late assignments will not be accepted without prior arrangement, except in the most extreme circumstances.

### **Questions about Course Material and Assignments**

Please do not hesitate to call or email the instructor if you have questions. If you wish to seek an in-person meeting, please call or email to set up an appointment to meet.

## **V. Course Text and Readings**

### **Required text**

Students are expected to complete the assigned readings prior to the lesson in which they will be covered. Students will use two textbooks and various assigned journal articles.

- Rose G. (2008) Rose's Strategy of Preventive Medicine: The Complete Original Text. New edition. Oxford University Press.
- Skinner BF. (1953) Science and Human Behavior. The Free Press, New York.

Both of these texts are available through various on-line bookstores and can be purchased used and shipped to arrive within a few days. Please purchase the 2008 edition of the Rose text, which includes an Introduction by Khaw and Marmot, and not the original 1992 version.

The Skinner text is currently out of print, but it is widely available for purchase on the Internet. The full text is also published on the Internet at the following webpage:

<http://www.bfskinner.org/product/science-and-human-behavior-pdf/>

In addition, the instructor may provide readings on current topics in public health drawn from the popular press. These will be available in class and/or distributed by email.

### **Background text:**

Students who have not taken prior coursework in health and behavioral science should purchase and read the following text prior to class. This text can also serve as a background reader. It provides a good overview of several of the theories that we will discuss in class.

Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015). Health Behavior: Theory, Research, and Practice (5th ed). San Francisco: Jossey-Bass

Additional readings are available on the course website, as class handouts or through the University of Minnesota library. You can search using PubMed, Google Scholar or ISI Web of Knowledge and locate the articles using the [FindIt@U of M Twin Cities](#) link.

## **VI. Course Outline/Weekly Schedule**

### **WEEK 1**

#### **Wednesday, September 7**

#### **Orientation and expectations for the course**

Readings:

- Logical Fallacies <http://yourlogicalfallacyis.com/>
- Lilienfeld SO. (2003) Four things that Paul Meehl taught me. APS Observer, Association for Psychological Science, June, On-line [Available]: <http://www.psychologicalscience.org/index.php/uncategorized/in-appreciation-paul-e-meehl.html>
- Stearns SC. (2016) Some modest advice for graduate students, Stearns Lab, Yale University. On-line [Available]: <http://stearnslab.yale.edu/some-modest-advice-graduate-students>

### **WEEK 2**

#### **Wednesday, September 14**

#### **Orienting to Public Health**

#### **What are we doing here? Addressing key questions for Public Health**

#### **What is Public Health? What is Epidemiology?**

Readings:

- Bayer R, Galea S. (2015) Public health in the precision-medicine era. New England Journal of Medicine, 373: 499-501.
- Wemrell M, Merlo J, Mulinari S, Hornborg A-C. (2016) Contemporary epidemiology: a review of critical discussions within the discipline and a call for further dialogue with social theory. Sociology Compass, 10: 153–171.

- Pearce N. (1996) Traditional epidemiology, modern epidemiology and public health. *American Journal of Public Health*, 86(5):678-683.
- Pearce N. (1999) Epidemiology as a population science. *International Journal of Epidemiology*, 28: S1015-S1018.
- Baum, F., & Fisher, M. (2014). Why behavioural health promotion endures despite its failure to reduce health inequities. *Sociology of health & illness*,36(2), 213-225.

### **WEEK 3**

#### **Wednesday, September 21**

**What is the role of social and behavioral science in public health? What is science?**

**What is theory?**

Readings:

- Greenwald AG, Pratkanis, AR. (1988) On the use of "theory" and the usefulness of theory. *Psychological Review*, 95(4), 575-579.
- McComas WF. (2002) The principal elements of the nature of science: dispelling the myths. *The Nature of Science in Science Education: Contemporary Trends and Issues in Science Education*. 5(1): 53-70.
- Prestwich A, Sniehotta FF, Whittington C, Dombrowski SU, Rogers L, Michie S. (2014). Does theory influence the effectiveness of health behavior interventions? Meta-analysis. *Health Psychology*, 33(5), 465.
- Carey G, Malbon E, Crammond B, Pescud M, Baker P. (2016). Can the sociology of social problems help us to understand and manage 'lifestyle drift'? *Health Promotion International*, 1-7.

### **WEEK 4**

#### **Wednesday, September 28**

**Individual and Population approaches**

Readings:

- Rose's Strategy of Preventive Medicine
  - Commentary
  - Chapters 1-8
- Hunt K, Emslie C. (2001) Commentary: the prevention paradox and lay epidemiology-Rose revisited. *International Journal of Epidemiology*, 30:442-446, 2001.
- Harper S. (2009) Essay review: Rose's strategy of preventive medicine. *International Journal of Epidemiology* 38(6):1743-1745.

### **WEEK 5**

#### **Wednesday, October 5**

**Core Principles of Behavior from the Perspective of Radical Behaviorism**

Readings:

- Skinner, Science and Human Behavior
  - Chapters 1-2, 4-7
- Chomsky, N. The case against B.F. Skinner. *The New York Review of Books*, December 30, 1971, On-line [Available]: <http://www.nybooks.com/articles/1971/12/30/the-case-against-bf-skinner/>
- Skinner, BF (1987) Whatever happened to psychology as the science of behavior? *The American Psychologist*, 42(8): 780-786.

## **WEEK 6**

**Wednesday, October 12**

### **Health Behavior and Intention**

#### **The Health Belief Model, Theory of Reasoned Action, Theory of Planned Behavior, Locus of control**

Review:

- Health Behavior constructs: Theory, Measurement and Research, National Cancer Institute, <http://cancercontrol.cancer.gov/brp/research/constructs/>

Readings:

- Ajzen, I. (1991) The theory of planned behavior. *Organizational Behavior and Human Decision Processes*. 50: 179-211.
- Fishbein, M. (2008) A reasoned action approach to health promotion. *Medical Decision Making*, 28(6): 834-844.
- Weinstein ND (2007). Misleading tests of health behavior theories. *Annals of Behavioral Medicine*. 33(1): 1-10.
- Wallston, KA. (1992) Hocus-pocus, the focus isn't strictly on locus: Rotter's Social Learning Theory modified for health. *Cognitive Therapy and Research*, 16(2): 183-199.
- Sniehotta FF, Presseau J, Araújo-Soares V. (2014). Time to retire the theory of planned behaviour. *Health Psychology Review*, 8(1): 1-7.

## **WEEK 7**

**Wednesday, October 19**

### **Social Cognitive Theory**

Readings:

- Bandura, A. (2004). Health promotion by social cognitive means. *Health Education and Behavior*, 31(2), 143-164.
- Bandura, A. (2005) The primacy of self-regulation in health promotion. *Applied Psychology: An International Review*. 54(2): 245-254.
- Bandura, A. (2001) Social cognitive theory of mass communication. *Media Psychology*, 3: 265-299.
- Bandura, A. (2006). Toward a psychology of human agency. *Perspectives on Psychological Science*, 1(2), 164-180.

## **WEEK 8**

**Wednesday, October 26**

### **Human Behaviors in Context**

Readings:

- Link BG, Phelan J. (1995) Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior*. 35(Extra Issue): 80-94.
- McMichael, AJ. (1999) Prisoners of the proximate: Loosening the constraints on epidemiology in an age of change. *American Journal of Epidemiology*. 149(10): 887-897.
- Krieger N. (2008). Proximal, distal, and the politics of causation: what's level got to do with it? *American Journal of Public Health*, 98(2), 221-230.
- Burke NJ, Joseph G, Pasick RJ, Barker JC. (2009) Theorizing social context: Rethinking behavioral theory. *Health Education and Behavior* 36(5): 55S-70S.

- Henrich J, Heine SJ, Norenzayan A. (2010). The WEIRDEST people in the world. *Behavior and Brain Sciences*. 33: 61-83. (See also attached commentaries).

## **WEEK 9**

**Wednesday, November 1**

### **Social networks**

Readings:

- Berkman LF. (1995) The role of social relations in health promotion. *Psychosomatic Medicine*. 57:245-254.
- Berkman LF, Glass T, Brissette I, Seeman TE. (2000) From social integration to health: Durkheim in the new millennium. *Social Science and Medicine*, 51(6): 843-857.
- Thoits PA. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 52(2), 145-161.
- Krause J, Croft DP, James R. (2007) Social network theory in the behavioural sciences: potential applications. *Behavioral Ecology and Sociobiology*. 62(1): 15-27.
- Zhang J, Tong L, Lamberson PJ, Durazo-Arvizu RA, Luke A, Shoham DA. (2015). Leveraging social influence to address overweight and obesity using agent-based models: The role of adolescent social networks. *Social Science and Medicine*, 125, 203-213.

## **WEEK 10**

**Wednesday, November 9**

### **Social Ecology and Human Health Behavior**

Readings:

- Bronfenbrenner, U. (1977) Toward an experimental ecology of human development. *American Psychologist*. 32(7): 513-531.
- Stokols D. (1992). Establishing and maintaining healthy environments: Toward a social ecology of health promotion. *American Psychologist*, 47: 6-22.
- Stokols D, (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10: 282-298.
- Richard L, Gauvin L, Raine K. (2011). Ecological models revisited: their uses and evolution in health promotion over two decades. *Annual Review of Public Health*, 32, 307-326.

## **WEEK 11**

**Wednesday, November 16**

### **Behavioral Economics**

Readings:

- Kagel JH, Winkler RC. (1972) Behavioral economics: areas of cooperative research between economics and applied behavioral analysis. *Journal of Applied Behavior Analysis*. 5(3): 335-342.
- Camerer C, Issacharoff S, Loewenstein G, O'Donoghue T, Rabin M. (2003) Regulation for conservatives: behavioral economics and the case for "asymmetric paternalism" *University of Pennsylvania Law Review*. 151(3): 1211-1254.
- MacKillop J, Amlung MT, Murphy CM, Acker J, Ray LA. (2011) The Behavioral Economics of Health Behavior. In *Health Behavior Theory for Public Health: Principals,*

Foundations, and Applications. DiClemente R, Salazer LF and Crosby RA (eds.). Jones and Bartlett Publishers, 131-161.

- Patel MS, Asch DA, Volpp KG. (2015). Wearable devices as facilitators, not drivers, of health behavior change. *JAMA*, 313(5), 459-460.

## **WEEK 12**

**Wednesday, November 23**

### **Theories for Epidemiology**

Readings:

- Krieger N. (2000) Epidemiology and social sciences: Towards a critical reengagement in the 21st century. *Epidemiologic Reviews*, 22(1):155-163.
- Krieger N. (2001) Theories for social epidemiology in the 21<sup>st</sup> century: an ecosocial perspective. *International Journal of Epidemiology*, 30:668-677.
- Ben-Shlomo Y, Kuh D. (2002). A life course approach to chronic disease epidemiology: Conceptual models, empirical challenges and interdisciplinary perspectives. *International Journal of Epidemiology*, 31(2), 285–293
- Putnam S, Galea S. (2008) Epidemiology and the macrosocial determinants of health. *Journal of Public Health Policy*, 29(3): 275 -289.

## **WEEK 13**

**Wednesday, November 30**

### **Social Epidemiology**

- Kawachi I. (2013) Editorial: Isn't all epidemiology social? *American Journal of Epidemiology*. 178 (6): 841-842.
- Galea S and Link BG. (2013) Six paths for the future of Social Epidemiology. *American Journal of Epidemiology*. 178 (6): 843-849.
- Oakes JM. (2013) Paths and pathologies of Social Epidemiology. *American Journal of Epidemiology*. 178 (6): 850-851.
- Muntaner C. (2013) On the Future of Social Epidemiology—A Case for Scientific Realism. *American Journal of Epidemiology*. 178 (6): 852-857.
- Glymour MM, Osypuk TL, and Rehkopf DH. (2013) Off-Roaded With Social Epidemiology—Exploration, Causation, Translation. *American Journal of Epidemiology*. 178 (6): 858-863.
- Galea S and Link BG. (2013) Galea and Link Respond to “Pathologies of Social Epidemiology,” “Social Epidemiology and Scientific Realism,” and “Off-Roaded With Social Epidemiology” *American Journal of Epidemiology*. 178 (6): 864.

## **WEEK 14**

**Wednesday, December 7**

### **Complexity in Epidemiology**

- Resnicow K, Page SE. (2008) Embracing chaos and complexity: a quantum change for public health. *American Journal of Public Health*, 98(8): 1382-1389.
- Gruenewald PJ. (2007). The spatial ecology of alcohol problems: niche theory and assortative drinking. *Addiction*, 102(6), 870-878.
- Galea S, Riddle M, Kaplan GA. (2010). Causal thinking and complex system approaches in epidemiology. *International Journal of Epidemiology*, 39(1): 97-106.

- Marshall BD, Galea S. (2015). Formalizing the role of agent-based modeling in causal inference and epidemiology. *American Journal of Epidemiology*, 181(2), 92-99.
- Diez Roux AV. (2015). Invited commentary: the virtual epidemiologist—promise and peril. *American Journal of Epidemiology*, 181(2), 100-102.
- Hernán MA. (2015). Invited commentary: agent-based models for causal inference—reweighting data and theory in epidemiology. *American Journal of Epidemiology*, 181(2), 103-105.
- Marshall BD, Galea S. (2015). Marshall and Galea Respond to “Data Theory in Epidemiology”. *American Journal of Epidemiology*, 181(2), 106-107.

## **WEEK 15**

### **Wednesday, December 14**

#### **How do these different views of behavior fit together? What does a social/behavioral epidemiologist do? Where do we go from here?**

Readings:

- Anderson NB. (1998) Levels of analysis in health science: a framework for integrating sociobehavioral and biomedical research. *Annals of the New York Academy of Sciences*, 840: 563-576.
- Glass TA, McAtee MJ. (2006) Behavioral science at the crossroads in public health: Extending horizons, envisioning the future. *Social Science and Medicine*. 62(7): 1650-1671.
- Glasgow RE. (2008) What types of evidence are most needed to advance behavioral medicine? *Annals of Behavioral Medicine*. 35(1): 19-25.
- Mooney, SJ, Westreich DJ, El-Sayed AM. (2015). Commentary: Epidemiology in the era of big data. *Epidemiology*, 26(3), 390-394.
- Glass TA, Goodman SN, Hernán MA, Samet JM. (2013) Causal inference in public health. *Annual Review of Public Health*. 2013; 34: 61–75.

## **VII. Evaluation and Grading**

Students will be evaluated based on their written responses to the study guide questions and their participation in class for each class session. Students will also provide a self-evaluation of their performance in the group discussion based on their contribution, critical thinking and engagement in the discussion. Students must complete each of the assignments in order to pass the course. These written assignments are due at the end of each class period. If a student is unable to attend class for any reason, that student must contact the instructor in advance to determine appropriate make up work. Each student will be graded for each class session for a total of 10 points and a total of 140 points for the semester. In addition, students will be graded for their leadership of one class discussion for a possible total of 10 points. The total number of points for the semester is 150 points.

Grades will be based on the following scale:

<b>Grade</b>	<b>%</b>
<b>A</b>	93-100%
<b>A-</b>	90-<93
<b>B+</b>	87-<90
<b>B</b>	83-<87

<b>B-</b>	80-<83
<b>C+</b>	77-<80
<b>C</b>	73-<77
<b>C-</b>	70-<73
<b>D+</b>	67-<70
<b>D</b>	63-<67
<b>D-</b>	60-<63
<b>F</b>	Below 60

The S/N option is available for this course. A grade of B- or better is required for an S.

### **Course Evaluation**

The SPH will collect student course evaluations electronically using a software system called CourseEval: [www.sph.umn.edu/courseval](http://www.sph.umn.edu/courseval). The system will send email notifications to students when they can access and complete their course evaluations. Students who complete their course evaluations promptly will be able to access their final grades just as soon as the faculty member renders the grade in SPHGrades: [www.sph.umn.edu/grades](http://www.sph.umn.edu/grades). All students will have access to their final grades through OneStop two weeks after the last day of the semester regardless of whether they completed their course evaluation or not. Student feedback on course content and faculty teaching skills are an important means for improving our work. Please take the time to complete a course evaluation for each of the courses for which you are registered.

### **Incomplete Contracts**

A grade of incomplete "I" shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an "I" requires that a contract be initiated and completed by the student before the last official day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements. Extension for completion of the work will not exceed one year (or earlier if designated by the student's college). For more information and to initiate an incomplete contract, students should go to SPHGrades at: [www.sph.umn.edu/grades](http://www.sph.umn.edu/grades).

### **University of Minnesota Uniform Grading and Transcript Policy**

A link to the policy can be found at [onestop.umn.edu](http://onestop.umn.edu).

## **VIII. Other Course Information and Policies**

### **Grade Option Change** (if applicable):

For full-semester courses, students may change their grade option, if applicable, through the second week of the semester. Grade option change deadlines for other terms (i.e. summer and half-semester courses) can be found at [onestop.umn.edu](http://onestop.umn.edu).

### **Course Withdrawal:**

Students should refer to the Refund and Drop/Add Deadlines for the particular term at [onestop.umn.edu](http://onestop.umn.edu) for information and deadlines for withdrawing from a course. As a courtesy, students should notify their instructor and, if applicable, advisor of their intent to withdraw.

Students wishing to withdraw from a course after the noted final deadline for a particular term must contact the School of Public Health Office of Admissions and Student Resources at [sph-ssc@umn.edu](mailto:sph-ssc@umn.edu) for further information.

### **Student Conduct Code:**

The University seeks an environment that promotes academic achievement and integrity, that is protective of free inquiry, and that serves the educational mission of the University. Similarly, the University seeks a community that is free from violence, threats, and intimidation; that is respectful of the rights, opportunities, and welfare of students, faculty, staff, and guests of the University; and that does not threaten the physical or mental health or safety of members of the University community.

As a student at the University you are expected adhere to Board of Regents Policy: *Student Conduct Code*. To review the Student Conduct Code, please see: [http://regents.umn.edu/sites/default/files/policies/Student\\_Conduct\\_Code.pdf](http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf).

Note that the conduct code specifically addresses disruptive classroom conduct, which means "engaging in behavior that substantially or repeatedly interrupts either the instructor's ability to teach or student learning. The classroom extends to any setting where a student is engaged in work toward academic credit or satisfaction of program-based requirements or related activities."

### **Use of Personal Electronic Devices in the Classroom:**

Using personal electronic devices in the classroom setting can hinder instruction and learning, not only for the student using the device but also for other students in the class. To this end, the University establishes the right of each faculty member to determine if and how personal electronic devices are allowed to be used in the classroom. For complete information, please reference: <http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html>.

### **Scholastic Dishonesty:**

You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis. (Student Conduct Code: [http://regents.umn.edu/sites/default/files/policies/Student\\_Conduct\\_Code.pdf](http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf)) If it is determined that a student has cheated, he or she may be given an "F" or an "N" for the course, and may face additional sanctions from the University. For additional information, please see: <http://policy.umn.edu/Policies/Education/Education/INSTRUCTORRESP.html>.

The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty:

<http://www1.umn.edu/oscai/integrity/student/index.html>. If you have additional questions, please clarify with your instructor for the course. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular

class-e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam.

**Makeup Work for Legitimate Absences:**

Students will not be penalized for absence during the semester due to unavoidable or legitimate circumstances. Such circumstances include verified illness, participation in intercollegiate athletic events, subpoenas, jury duty, military service, bereavement, and religious observances. Such circumstances do not include voting in local, state, or national elections. For complete information, please see:

<http://policy.umn.edu/Policies/Education/Education/MAKEUPWORK.html>.

**Appropriate Student Use of Class Notes and Course Materials:**

Taking notes is a means of recording information but more importantly of personally absorbing and integrating the educational experience. However, broadly disseminating class notes beyond the classroom community or accepting compensation for taking and distributing classroom notes undermines instructor interests in their intellectual work product while not substantially furthering instructor and student interests in effective learning. Such actions violate shared norms and standards of the academic community. For additional information, please see: <http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html>.

**Equity, Diversity, Equal Opportunity, and Affirmative Action:**

The University will provide equal access to and opportunity in its programs and facilities, without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. For more information, please consult Board of Regents Policy:

[http://regents.umn.edu/sites/default/files/policies/Equity\\_Diversity\\_EO\\_AA.pdf](http://regents.umn.edu/sites/default/files/policies/Equity_Diversity_EO_AA.pdf).

**Disability Accommodations:**

The University of Minnesota is committed to providing equitable access to learning opportunities for all students. The Disability Resource Center Student Services is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact DRC at 612-626-1333 or [drc@umn.edu](mailto:drc@umn.edu) to arrange a confidential discussion regarding equitable access and reasonable accommodations.

If you are registered with DS and have a current letter requesting reasonable accommodations, please contact your instructor as early in the semester as possible to discuss how the accommodations will be applied in the course.

For more information, please see the DS website, <https://diversity.umn.edu/disability/>.

**Mental Health and Stress Management:**

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may

lead to diminished academic performance and may reduce your ability to participate in daily activities. University of Minnesota services are available to assist you. You can learn more about the broad range of confidential mental health services available on campus via the Student Mental Health Website: <http://www.mentalhealth.umn.edu>.

**The Office of Student Affairs at the University of Minnesota:**

The Office for Student Affairs provides services, programs, and facilities that advance student success, inspire students to make life-long positive contributions to society, promote an inclusive environment, and enrich the University of Minnesota community.

Units within the Office for Student Affairs include, the Aurora Center for Advocacy & Education, Boynton Health Service, Central Career Initiatives (CCE, CDes, CFANS), Leadership Education and Development –Undergraduate Programs (LEAD-UP), the Office for Fraternity and Sorority Life, the Office for Student Conduct and Academic Integrity, the Office for Student Engagement, the Parent Program, Recreational Sports, Student and Community Relations, the Student Conflict Resolution Center, the Student Parent HELP Center, Student Unions & Activities, University Counseling & Consulting Services, and University Student Legal Service.

For more information, please see the Office of Student Affairs at <http://www.osa.umn.edu/index.html>.

**Academic Freedom and Responsibility: *for courses that do not involve students in research:***

Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled\*

Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, (Dr Kristin Anderson, SPH Dean of Student Affairs), or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost.

\* *Language adapted from the American Association of University Professors "Joint Statement on Rights and Freedoms of Students".*

**Student Academic Success Services (SASS): <http://www.sass.umn.edu>:**

Students who wish to improve their academic performance may find assistance from Student Academic Support Services. While tutoring and advising are not offered, SASS provides resources such as individual consultations, workshops, and self-help materials.

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