

Modified Course Form

Proposal Author: Jennifer Banas

Date Prepared: 01/20/2012

Program Coordinator: Jennifer Banas

Department Chair: Moira Stuart

Rationale for Course Modification

Title Change Justification: Change title to more accurately reflect the updated course content.

Prerequisite Justification: These professional preparation courses require specific, essential health and wellness core content area knowledge.

Type of Change(s) Proposed - check all that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Course Number | <input type="checkbox"/> Credit/Contact Hour | <input type="checkbox"/> Gen Ed Status |
| <input type="checkbox"/> Course Level | <input checked="" type="checkbox"/> Prerequisite | <input type="checkbox"/> FYE Status |
| <input type="checkbox"/> Course Title | <input type="checkbox"/> Co-requisite | <input type="checkbox"/> Writing Intensive Status |
| <input type="checkbox"/> Course Description | <input type="checkbox"/> Cross-listed Course | <input type="checkbox"/> Other |
| <input type="checkbox"/> Course Deletion | <input type="checkbox"/> 300 Level for Grad Credit | |

Current Course Information - please complete all fields with current course information

Dept/Subj Prefix: HLED Number: 304

Complete Title: Organization and Administration of the School Health Program

Prerequisite Information Fill in current and proposed prerequisites, as applicable.

Current Course Prerequisites (if any):

None

Proposed Course Prerequisites (if any):

12 or more credit hours earned in Health and Wellness or Physical Education Core.

FCAA Chair Signature

Date

Provost Signature

Date