

ORIGINATOR'S SECTION:	
1. College: <input type="checkbox"/> CHABSS <input type="checkbox"/> CoBA <input checked="" type="checkbox"/> CoEHHS <input type="checkbox"/> CSM	Desired Term and Year of Implementation (e.g., Fall 2008): Fall 2016
2. Current Course abbreviation and Number: KINE 495	

TYPE OF CHANGE(S). Check ☒ all that apply.

Course Number Change	<input checked="" type="checkbox"/>	Delete Prerequisite	<input type="checkbox"/>	Other Prerequisite Change	<input type="checkbox"/>
Course Title Change	<input type="checkbox"/>	Add Corequisite	<input type="checkbox"/>	Grading Method Change	<input type="checkbox"/>
Unit Value Change	<input checked="" type="checkbox"/>	Delete Corequisite	<input type="checkbox"/>	Mode of Instruction Change (C/S Number)	<input type="checkbox"/>
Description Change	<input type="checkbox"/>	Add Consent for Enrollment	<input type="checkbox"/>	Consider for G.E. If yes, also fill out appropriate GE form.	<input type="checkbox"/>
Add Prerequisite	<input type="checkbox"/>	Delete Consent for Enrollment	<input type="checkbox"/>	Cross-list	<input type="checkbox"/>

Information in this section– both current and new – is required only for items checked (☒) above.**NEW INFORMATION:****CURRENT INFORMATION:**

Course abbreviation and Number: KINE 495A/495B/495C
3. Title: Title: (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.) <i>Internship in KINE</i>
4. Abbreviated Title for Banner (no more than 25 characters): Abbreviated Title for PeopleSoft: (no more than 25 characters, including spaces)
5. Number of Units: 3 Number of Units: Variable 1-3
6. Catalog Description: Catalog Description: (Not to exceed 80 words; language should conform to catalog copy. Please consult the catalog for models of style and format; include all necessary information regarding consent for enrollment, pre- and/or corequisites, repeated enrollment, crosslisting, as detailed below. Such information does <u>not</u> count toward the 80-word limit.)

7. Mode of Instruction* (See pages 17-23 at <http://www.calstate.edu/cim/data-elem-dic/APDB-Transaction-DED-SectionV.pdf> for definitions of the Course Classification Numbers)

Type of Instruction	Number of Credit Units	Instructional Mode (Course Classification Number)	Type of Instruction	Number of Credit Units	Instructional Mode (Course Classification Number)
Lecture			Lecture		
Activity			Activity		
Lab			Lab		

8. Grading Method:*

<input type="checkbox"/> Normal (N) (Allows Letter Grade +/-, and Credit/No Credit) <input type="checkbox"/> Normal Plus Report-in-Progress (NP) (Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress) <input type="checkbox"/> Credit/No Credit Only (C) <input type="checkbox"/> Credit/No Credit or Report-in-Progress Only (CP)	Grading Method:* <input type="checkbox"/> Normal (N) (Allows Letter Grade +/-, and Credit/No Credit) <input type="checkbox"/> Normal Plus Report-in-Progress (NP) (Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress) <input type="checkbox"/> Credit/No Credit Only (C) <input type="checkbox"/> Credit/No Credit or Report-in-Progress Only (CP)
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9. If the NP or CP grading system was selected, please explain the need for this grade option.**10. Course Requires Consent for Enrollment?_**

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Faculty <input type="checkbox"/> Credential Analyst <input type="checkbox"/> Dean <input type="checkbox"/> Program/Department/Director/Chair	Course Requires Consent for Enrollment?_ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Faculty <input type="checkbox"/> Credential Analyst <input type="checkbox"/> Dean <input type="checkbox"/> Program/Department/Director/Chair
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*If Originator is uncertain of this entry, please consult with Program Director/Chair.

CURRENT INFORMATION:

11. Course Can be Taken for Credit More than Once? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times (including first offering)
12. Is Course Cross Listed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which course
13. Prerequisite(s):
14. Corequisite(s):
15. Documentation attached: <input type="checkbox"/> Syllabus <input type="checkbox"/> Detailed Course Outline

NEW INFORMATION:

Course Can be Taken for Credit More than Once? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times (including first offering)
Is Course Cross-listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which course and check "yes" in item #17 below.
Prerequisite(s):
Corequisite(s):

PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION:*(Mandatory information – all items in this section must be completed.)*

16. Does this course fulfill a requirement for any major (i.e. core course or elective for a major, majors in other departments, minors in other departments)? ☒ Yes ☐ No

If yes, please specify:

All Kinesiology majors must complete 3 units of internship (core course).

17. Does this course change impact other discipline(s)? *(If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.)* Check "yes" if the course is cross-listed. ☐ Yes ☒ No

If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

Discipline _____ Signature _____ Date _____ Support _____ Oppose _____

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18. Reason(s) for changing this course:

KINE 495 (internship) will remain a 3 unit requirement for Kinesiology students. The proposed change will provide the flexibility for the department to offer these units across 2 consecutive terms (i.e. KINE 495A + KINE 495B), rather than in a single term only (495C). This may become necessary if an accelerated BS in Kinesiology were developed where students may find it difficult to complete the required 90 hours of internship in an 8 week session. No change in this course is anticipated for full semester course offerings – KINE 495C will continue to be the only version offered.

SIGNATURES : (COLLEGE LEVEL) :**(UNIVERSITY LEVEL)**

1. Originator (Please Print) Devin Jindrich Date _____

2. Program Director/Chair Marcy Cloninger Date 3-14-16

3. College Curriculum Committee [Signature] Date 3/14/2016

4. College Dean (or Designee) [Signature] Date _____

5. UCC Committee Chair _____ Date _____

6. Vice President for Academic Affairs (or Designee) _____ Date _____

7. President (or Designee) _____ Date _____

RECEIVED
APR 15 2016
 BY: _____