California State University San Marcos • **COURSE CHANGE(S)** • FORM C-2

ORIGINATOR'S SECTION:		
1. College: ☐ CHABSS ☐ CoBA ☒ CoEHHS ☐ CSM	Desired Term and Year of Implementation (e.g., Fall 2008): Spring 2016	
2. Current Course abbreviation and Number: PH 531		

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

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

Information in this section– both current and new – is required only for items checked (√) above.

CURRENT INFORMATION:

NEW INFORMATION:

Course abbreviation and Number:

CURRENT INFORMATION	NEW INFORMATION

3. Title:
    PH 531 Methods of Community Health Education
	Title: *(Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)*
	    PH 531 Community Engagement and Health Education

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:	Number of Units:

6. Catalog Description:
 	
    Focuses on the assessment and analysis of community-based health needs, the application of a wide range of health education methods, and program implementation. The development of partnerships through advocacy, coalitions, and community engagement will be explored. Emphasizes the need for health communication, theoretical frameworks, and social media in community-based settings. Introduces professional and ethical standards for community-based methods and programs. Prerequisites: PH 501, 503
	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 __not__ count toward the 80-word limit.)*
	
	    Focuses on the assessment and analysis of community-based health needs, the application of a wide range of theories, health education methods, and program implementation. The development of partnerships through advocacy, coalitions, and community engagement, and community-based participatory research will be explored. Emphasizes the need for health communication, health literacy, theoretical frameworks, and social media in community-based settings. Introduces professional and ethical standards for community-based practice and research methods. Prerequisites: PH 501, 503

*If Originator is uncertain of this entry, please consult with Program Director/Chair.

CURRENT INFORMATION: **NEW INFORMATION:**

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:*
- ☐ Normal (N) *(Allows Letter Grade +/-, and Credit/No Credit)*
- ☐ Normal Plus Report-in-Progress (NP) *(Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress)*
- ☐ Credit/No Credit Only (C)
- ☐ Credit/No Credit or Report-in-Progress Only (CP))

Grading Method:*
- ☐ Normal (N) *(Allows Letter Grade +/-, and Credit/No Credit)*
- ☐ Normal Plus Report-in-Progress (NP) *(Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress)*
- ☐ Credit/No Credit Only (C)
- ☐ Credit/No Credit or Report-in-Progress Only (CP))

9. If the NP or CP grading system was selected, please explain the need for this grade option.

10. Course Requires Consent for Enrollment?
- ☐ Yes ☐ No
- ☐ Faculty ☐ Credential Analyst ☐ Dean
- ☐ Program/Department/Director/Chair

Course Requires Consent for Enrollment?
- ☐ Yes ☐ No
- ☐ Faculty ☐ Credential Analyst ☐ Dean
- ☐ Program/Department/Director/Chair

11. Course Can be Taken for Credit More than Once?
- ☐ Yes   ☐ No
If yes, how many times (including first offering)

Course Can be Taken for Credit More than Once?
- ☐ Yes   ☐ No
If yes, how many times (including first offering)

12. Is Course Cross Listed: ☐ Yes ☐ No
If yes, indicate which course

Is Course Cross-listed?   ☐ Yes ☐ No
If yes, indicate which course
and check "yes" in item #17 below.

13. Prerequisite(s):

Prerequisite(s):

14. Corequisite(s):

Corequisite(s):

15. Documentation attached:
- ☐ Syllabus   ☐ Detailed Course Outline

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:
   This is a required course for the MPH Program's Health Promotion concentration. It does not satisfy requirements or electives of any other department.

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 _____

_____   _____   _____Support _____Oppose
Signature   Date

Discipline _____

_____   _____   _____Support _____Oppose
Signature   Date

18. Reason(s) for changing this course:
   Greater clarity and unity of course descriptions and better flow for our overall curriculum.

CURRENT INFORMATION: **NEW INFORMATION:**

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

Malachi Harper   9/2/16
1. Originator (Please Print)   Date

Emmanuel Iegbomine   9/2/16
2. Program Director/Chair   Date

[signature]   11/18/16
3. College Curriculum Committee   Date

Daniel Garci   2-6-17
4. College Dean (or Designee)   Date

_____   _____
5. UCC Committee Chair   Date

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

_____   _____
7. President (or Designee)   Date