

<b>ORIGINATOR'S SECTION:</b>	
<b>1. College:</b> <input type="checkbox"/> CHABSS <input type="checkbox"/> CoBA <input checked="" type="checkbox"/> CoEHHS <input type="checkbox"/> CSM	<b>Desired Term and Year of Implementation (e.g., Fall 2008):</b> Spring 2016
<b>2. Current Course abbreviation and Number:</b> PH 533	

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

Course Number Change	<input type="checkbox"/>	Delete Prerequisite	<input checked="" type="checkbox"/>	Other Prerequisite Change	<input type="checkbox"/>
Course Title Change	<input checked="" type="checkbox"/>	Add Corequisite	<input type="checkbox"/>	Grading Method Change	<input type="checkbox"/>
Unit Value Change	<input type="checkbox"/>	Delete Corequisite	<input type="checkbox"/>	Mode of Instruction Change (C/S Number)	<input type="checkbox"/>
Description Change	<input checked="" 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:**

<b>CURRENT INFORMATION:</b>	<b>Course abbreviation and Number:</b>
<b>3. Title:</b> PH 533 Health Promotion and Health Education Strategies	<b>Title: (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)</b> PH 533 Health Communication
<b>4. Abbreviated Title for Banner (no more than 25 characters):</b>	<b>Abbreviated Title for PeopleSoft: (no more than 25 characters, including spaces)</b>
<b>5. Number of Units:</b>	<b>Number of Units:</b>
<b>6. Catalog Description:</b>  Provides foundational information, tools, and teaching methodologies for health promotion, disease prevention, and health education. Explores theoretical and practical perspectives to illustrate how healthcare professionals can positively influence the ability of patients, families, and diverse communities to prevent and manage their health and wellness. Prerequisite: PH 531	<b>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.)</b>  Provides foundational information, tools, and teaching methodologies for health communication, health promotion, disease prevention, and health education. Explores theoretical and practical perspectives to illustrate how healthcare professionals can positively influence the ability of patients, families, and diverse communities to prevent and manage their health and wellness through health communication practices.



**CURRENT INFORMATION:****NEW INFORMATION:**

<b>7. Mode of Instruction*</b> (See pages 17-23 at <a href="http://www.calstate.edu/cim/data-elem-dic/APDB-Transaction-DED-SectionV.pdf">http://www.calstate.edu/cim/data-elem-dic/APDB-Transaction-DED-SectionV.pdf</a> 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		

<b>8. Grading Method:*</b> <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)	<b>Grading Method:*</b> <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)
--	---

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

<b>10. Course Requires Consent for Enrollment?</b> <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	<b>Course Requires Consent for Enrollment?</b> <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
--	--

<b>11. Course Can be Taken for Credit More than Once?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times (including first offering)	<b>Course Can be Taken for Credit More than Once?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times (including first offering)
--	--

<b>12. Is Course Cross Listed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which course	<b>Is Course Cross-listed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which course and check "yes" in item #17 below.
--	---

<b>13. Prerequisite(s):</b> PH 531	<b>Prerequisite(s):</b> NONE
------------------------------------	------------------------------

<b>14. Corequisite(s):</b>	<b>Corequisite(s):</b>
----------------------------	------------------------

**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 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Support \_\_\_\_\_ Oppose \_\_\_\_\_

Discipline \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Support \_\_\_\_\_ Oppose \_\_\_\_\_

**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)

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

2. Program Director/Chair Immanuel Igboanwa 9/2/16  
Date

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

4. College Dean (or Designee) Denise Garces 2-6-17  
Date

5. UCC Committee Chair \_\_\_\_\_ Date

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

7. President (or Designee) \_\_\_\_\_ Date