

KINE 204

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): Spring 2018
2. Current Course abbreviation and Number: KINE 204	

TYPE OF CHANGE(S). Check \checkmark 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 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 (\checkmark) above.

NEW INFORMATION:

CURRENT INFORMATION:		Course abbreviation and Number:
3. Title:		Title: (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)
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: Knowledge and understanding needed to plan and implement fitness and weight training programs. Analysis of the development, maintenance, implementation, and self-evaluation of physical fitness. Implementation of methods, techniques, instructional strategies, safety factors, motivation and necessary equipment for teaching physical fitness and weight training. Instruction and techniques in individual skills and strategies in weight training; also includes instruction on stretching for flexibility and injury prevention. <i>Enrollment restricted to Pre-Kinesiology and Kinesiology majors.</i>		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.) Knowledge and understanding needed to plan and implement fitness and weight training programs. Analysis of the development, maintenance, implementation, and self-evaluation of physical fitness. Implementation of methods, techniques, instructional strategies, safety factors, motivation and necessary equipment for teaching physical fitness and weight training. Instruction and techniques in individual skills and strategies in weight training; also includes instruction on stretching for flexibility and injury prevention.

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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"/> 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) |
|---|---|

Tracker —

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

KP —
PS —

CURRENT INFORMATION:

NEW INFORMATION:

<input type="checkbox"/> Credit/No Credit or Report-in-Progress Only (CP)	<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.	
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
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)	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	Is Course Cross-listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which course and check "yes" in item #17 below.
13. Prerequisite(s): Enrollment restricted to Pre-Kinesiology and Kinesiology majors.	Prerequisite(s): None
14. Corequisite(s):	Corequisite(s):
15. Documentation attached: <input type="checkbox"/> Syllabus <input type="checkbox"/> Detailed Course Outline	

PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION: <i>(Mandatory information – all items in this section must be completed.)</i>										
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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify:										
17. Does this course change impact other discipline(s)? <i>(If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.)</i> Check "yes" if the course is cross-listed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.										
<table style="width:100%; border: none;"> <tr> <td style="border: none;">_____ Discipline _____</td> <td style="border: none;">_____ Signature _____</td> <td style="border: none;">_____ Date _____</td> <td style="border: none;">_____ Support _____</td> <td style="border: none;">_____ Oppose _____</td> </tr> <tr> <td style="border: none;">_____ Discipline _____</td> <td style="border: none;">_____ Signature _____</td> <td style="border: none;">_____ Date _____</td> <td style="border: none;">_____ Support _____</td> <td style="border: none;">_____ Oppose _____</td> </tr> </table>	_____ Discipline _____	_____ Signature _____	_____ Date _____	_____ Support _____	_____ Oppose _____	_____ Discipline _____	_____ Signature _____	_____ Date _____	_____ Support _____	_____ Oppose _____
_____ Discipline _____	_____ Signature _____	_____ Date _____	_____ Support _____	_____ Oppose _____						
_____ Discipline _____	_____ Signature _____	_____ Date _____	_____ Support _____	_____ Oppose _____						
18. Reason(s) for changing this course: This course was previously required for Kinesiology majors in the <i>Health Science</i> option, but was recently replaced in the curriculum with KINE 305. Therefore, this course will no longer fulfill a requirement for Kinesiology or any other major. However, we have received many inquiries regarding this course from students of other majors and are therefore interested in continuing to offer it for students outside of the Kinesiology major. In order to do this, we will need to remove the enrollment restriction.										

SIGNATURES : (COLLEGE LEVEL) :

(UNIVERSITY LEVEL)

1. Jeff Nessler 10/12/17
 1. Originator (Please Print) Date

2. [Signature] 10/12/17
 2. Program Director/Chair Date

3. [Signature] 10/12/17
 3. College Curriculum Committee Date

4. Janise Gaudin 10-11-17
 4. College Dean (or Designee) Date

5. _____ Date
 5. UCC Committee Chair

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

7. _____ Date
 7. President (or Designee)