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): Fall 2016	
2. Current Course abbreviation and Number: KINE 311 Movement Pedagogy		

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:
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:	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.)*

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)
Lecture	3	C-02
Activity		
Lab	1	C-15

Type of Instruction	Number of Credit Units	Instructional Mode (Course Classification Number)
Lecture	3	C-02
Activity		
Lab	1	C-16

CURRENT INFORMATION:	NEW INFORMATION:
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.

CURRENT INFORMATION:	NEW INFORMATION:
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

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

CURRENT INFORMATION:	NEW INFORMATION:
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 course is in the Kinesiology core (all undergraduate Kinesiology students are required to take it).

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:
Changing the laboratory designation for this course will increase the wtu assigned for each section from 1.5 to 2.0. This is merited by the high level of preparation and hands on instruction required by laboratory component of this course. In addition, most laboratory courses on campus carry a C-16 designation. This change will make the major Kinesiology laboratories consistent with other science courses.

SIGNATURES : (COLLEGE LEVEL) :

Jeff Nessler	12/17/15
1. Originator (Please Print)	Date
[signature]	12/17/15
2. Program Director/Chair	Date
Nancy C. Romero	3-14-16
3. College Curriculum Committee	Date
Denise Gauch	3/14/16
4. College Dean (or Designee)	Date

(UNIVERSITY LEVEL)

5. UCC Committee Chair	Date
6. Vice President for Academic Affairs (or Designee)	Date
7. President (or Designee)	Date

RECEIVED
APR 15 2016
BY:_____