Proposal to Change a Course

NOTE: All gray text boxes must be completed (even if you just put N/A into them), otherwise the committee must consider the form incomplete.

Contact person Deborah Miller  Email address millerd@cofc.edu Phone 953-8248

1. Department: Health and Human Performance

2. Course Number and Title: HEAL 257 Nutrition Education

3. Semester and year when the course change(s) will go into effect: Fall 2011

4. Change(s) Desired (Note: if more than 2 items listed under “Typical changes handled by this form” in Guidelines for Planning to Change a Course, then a New Course form must be completed):
   
   Change name from Nutrition Education to Principles of Nutrition

5. Justification for Change(s):
   
   Better reflects coursework for the new BS in Public Health degree and meeting requirements for national certification exam.

6. Is this course to be added to the Degree Requirements of a Major, Minor, Concentration or List of Approved Electives?
   a) ☒ yes  ☐ no

   b) If yes, complete the Change Degree Requirements form(s) and list the name(s) of the major, minor, concentration and/or list of approved electives here:
      Bachelor of Science in Public Health and the Health Minor

7. Is the course part of any other degree or program? Please consult the most up to date undergraduate catalog and search for uses of the course to see who should be contacted. If yes, what department/program? Please contact the department chair/program director and request a note or email that they are aware of the proposed change and include that note with the proposal.
   No
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8. Signature of Department Chair or Program Director:

______________________________________________________________

Date: ________________________

9. Signature of Dean of School:

______________________________________________________________

Date: ________________________

10. Signature of Curriculum Committee Chair:

______________________________________________________________

Date: ________________________

11. Signature of Faculty Senate Secretary:

______________________________________________________________

Date Approved by Senate: _________________________

Completed form should be sent by the Faculty Senate Secretary to the Registrar. After implementation, information concerning the passed course and program changes will be provided by the Registrar to all faculty and staff on campus.