Proposal to Change Degree Requirements for a Minor/Concentration/Track

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(s) or School(s): Department of Health and Human Performance

2. Name of the minor/concentration/track: Health Minor

3. Semester and year in which degree change(s) will go into effect: Fall 2011

4. Change(s) Desired (Note: if the change includes deleting courses from the inventory, a Delete Course form must also be completed for each course, the Curriculum Committee does not assume the responsibility to delete the course):
   Students may now complete 18 hours of health, with no required courses. All of the following courses will be part of the updated health minor: Heal 215/PBHT215 Intro to Public Health; HEAL 216 Personal and Community Health; HEAL 217 Human Sexuality; HEAL 230/PBHT 230 Global Health; HEAL 225 Consumer Health; HEAL 240 Worksite Wellness; HEAL 257 Principles of Nutrition; HEAL 317 Sexual Behavior and Relationships; HEAL 320 Special Topics; HEAL 323 Women's Health Issues; HEAL 333 Sports and Exercise Nutrition; HEAL 350/PBHT350 Epidemiology; HEAL 401 Independent Study; PSYC 333 Health Psychology; and SOCY 336 Death and Dying.

5. Justification for Change(s):
   Due to the new public health degree, students will have the opportunity to take several new courses. HEAL 325 will be dropped from this minor due to the addition of a field experience (HEAL325L) that is being added to the course for the new public health major. In addition, HEAL 390 is being deleted from the departmental course offerings. The appropriate deletion forms are being submitted with this change.

6. Does the change include deleting or adding courses from other departments? 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.
   n/a
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6. Signature of Department Chair or Program Director:

______________________________________________________________

Date: ________________________

7. Signature of Dean of School:

______________________________________________________________

Date: ________________________

8. Signature of Provost:

______________________________________________________________

Date: ________________________

9. Signature of Curriculum Committee Chair:

______________________________________________________________

Date: ________________________

10. Signature of Faculty Senate Secretary:

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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.