The following courses (required for the BS in Public Health) need to have some prerequisites/restrictions corrected. They were inadvertently overlooked when this new degree was implemented.

<table>
<thead>
<tr>
<th>FORM</th>
<th>COURSE NUMBER/NAME or DEGREE</th>
<th>PROPOSED CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Change Form</td>
<td>HEAL 325</td>
<td>Change prerequisites to: HEAL 215, HEAL 216; Co-requisite: HEAL 325L</td>
</tr>
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<tr>
<td>Course Change Form</td>
<td>HEAL 403</td>
<td>Change prerequisites/restrictions to: A senior public health major. Students must attend the mandatory internship meeting in the semester prior to their internship semester. Students are responsible for their own transportation to off campus internship sites.</td>
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</table>
FACULTY CURRICULUM COMMITTEE
SIGNATURE PAGE

- In section A, list ALL of the forms covered by this signature page. If you submit a form that is not listed in A, your proposal will be held back until we receive a new, updated signature page.
- You must obtain the signature of your department chair and dean before submitting your proposal.

A. FORMS COVERED BY THIS SIGNATURE PAGE. List each form you are submitting—for instance, PSYC 383, Course Form; PSYC, Change of Major Form; PSYC, Change of Minor Form.

HEAL 325 course change form (prerequisite change)
HEAL 325L course change form (prerequisite change)
HEAL 403 course change form (prerequisite change)

B. APPROVAL AND SIGNATURES.

1. Signature of Department Chair or Program Director:

   [Signature]

   Date: 12/2/13

2. Signature of Academic Dean:

   [Signature]

   Date: 12/10/13

3. Signature of Provost:

   [Signature]

   Date: 1/5/13

4. Signature of Business Affairs (only for course fees):

   [Signature]

   Date: ________________

   □ fee approved on ________________

   □ BOT approval pending

5. Signature of Curriculum Committee Chair:

   [Signature]

   Date: ________________

6. Signature of Budget Committee Chair (only for new programs):

   [Signature]

   Date: ________________

7. Signature of Academic Planning Committee Chair (only for new programs):

   [Signature]

   Date: ________________

8. Signature of Faculty Senate Secretary:

   [Signature]

   Date: ________________

Date Approved by Faculty Senate: ________________
FACULTY CURRICULUM COMMITTEE
COURSE FORM

Instructions:
• Please fill out one of these forms for each course you are adding, changing, deactivating, or reactivating.
• Fill out the parts of the form specified in part B. You must do this before your request can move forward!
• Remember that your changes will not be implemented until the next catalog year at the earliest.
• If you have questions, start by checking the instructions on the website. Please feel free to contact the committee chairs with any remaining questions you might have.

A. CONTACT/COURSE INFORMATION.

Name: Susan Balinsky                      Phone: 953-8242               Email: balinskys@cofc.edu

Department or Program: Health & Human Performance                  School: Education, Health & Human Performance

Subject Acronym and Course Number: HEAL 325L

Catalog Year in which changes will take effect: FALL 2014

B. TYPE OF REQUEST. Please check all that apply, then fill out the specified parts of the form.

☐ Add a New Course (complete parts C, D, F, G, H, I, J, K)
☒ Change Part of an Existing Course (complete parts C, D, E, F, G, I, J, K)
  ☐ Course Number
  ☐ Course Name
  ☐ Course Description
  ☐ Credit/Contact Hours
  ☐ Restrictions (prerequisites, co-requisites, junior/senior standing, etc.)
☐ Deactivate an Existing Course (complete parts C, D, E, G, I, J, K)
☐ Reactivate a Previously-Deactivated Course (complete parts C, D, E, G, I, J, K)

C. RATIONALE AND EXPLANATION. Please describe your request and explain why you are making it.

When the B.S. in Public Health major was approved, it was the intention that HEAL 215 Introduction to Public Health be a prereq for all upper level HEAL courses required for the major. It was an oversight that HEAL 215 wasn’t listed as a prereq for this course.

D. IMPACT ON EXISTING PROGRAMS AND COURSES. Please briefly describe the impact of your request on your own programs and courses as well other programs and courses. If another program requires the course, you must submit their written acknowledgement with this proposal. Also, the affected program must describe any change in the number of credit hours they require. Include a list of similar courses in other departments and explain any overlap.
None

This form was last updated on 06/03/13 and replaces all others.
E. EXISTING COURSE INFORMATION. If you are proposing a new course, just leave this blank. Otherwise, please fill out all fields.

Department: Health & Human Performance        School: Education, Health & Human Performance        Subject
Acronym: HEAL          Course Number: 325

Credit hours:     __ lecture __ lab __ seminar __ independent study
Contact hours:     __ lecture __ lab __ seminar __ independent study

Course title: Field Experience in Health Promotion

Course description (maximum 50 words, exactly as it appears in the catalog):
Students will be placed within a variety of public health/health promotion settings, including worksite, profit, and non-profit agencies. The theoretical, educational, organizational, economical and environmental supports for behaviors conducive to health in these public and private settings will be examined.

Restrictions (pre-requisites, co-requisites, majors only, etc.):
Must be Junior or Senior (60 hours plus)

Corequisites: HEAL 325
Prereq HEAL 215, HEAL 257, HEAL 395

Cross-listing, if any:

Is this course repeatable? □ yes  x □ no  If yes, how many total credit hours may the student earn? ___

F. NEW COURSE INFORMATION. If you are deactivating a course, leave this blank. Otherwise, please fill out all fields. For changed courses, use boldface for the information that is changing.

Department: Health & Human Performance        School: Education, Health & Human Performance        Subject
Acronym: HEAL          Course Number: 325

Credit hours:     __ lecture __ lab __ seminar __ independent study
Contact hours:     __ lecture __ lab __ seminar __ independent study

Course title: Field Experience in Health Promotion

Course description (maximum 50 words, exactly as it appears in the catalog):
Students will be placed within a variety of public health/health promotion settings, including worksite, profit, and non-profit agencies. The theoretical, educational, organizational, economical and environmental supports for behaviors conducive to health in these public and private settings will be examined.

Restrictions (pre-requisites, co-requisites, majors only, etc.):
Must be Junior or Senior (60 hours plus)

Corequisites: HEAL 325
Prereq HEAL 215 and HEAL 216

If this is a newly-created course, is it intended to be the equivalent of an existing course and replace it? □ yes  □ no
If so, which course? ____________

Note: You must deactivate that course by submitting an additional Course Form.

Cross-listing, if any (submit approval from relevant department):

Note: Cross-listed courses are equivalent.

This form was last updated on 06/03/13 and replaces all others.
Is this course repeatable? □ yes x □ no If yes, how many total credit hours may the student earn? _____

Is there an activity, lab, or other fee associated with this course? □ yes x □ no What is the fee? $_____

Note: The Senate cannot approve new fees; Business Affairs will submit any such request to the Board of Trustees. The course can still be created, but the fee will not be attached until the Board has approved it.

G. COSTS. List all of the new costs or cost savings (including new faculty/staff requests, library, equipment, etc.) associated with your request.

None

H. STUDENT LEARNING OUTCOMES AND ASSESSMENT.

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How does this course align with the student learning outcomes articulated for the major, program, or general education? What program-level outcome or outcomes does it support? Is the content or skill introduced, reinforced, or demonstrated in this course?

I. PROGRAM CHANGES. Will this course be added to the existing degree requirements or list of approved electives of a major, minor, or concentration? □ yes x □ no

This form was last updated on 06/03/13 and replaces all others.
If yes, please attach a Change Minor and/or Change Major/Program Form as appropriate.

J. CHECKLIST.

☐ I have completed all relevant parts of the form.

☐ I have attached a cover letter that describes my request and lists all the documents I am submitting.

☐ (For new courses only) I have attached a syllabus.

☐ (For courses used in any way by other departments, including cross-listing) I have attached an acknowledgement from the relevant department.

☐ (For courses intended to fulfill a Gen Ed requirement) I have submitted the proposal to the Gen Ed committee.

☐ I have submitted one Signature Form that lists all of the different forms I am submitting.
FACULTY CURRICULUM COMMITTEE
COURSE FORM

Instructions:
- Please fill out one of these forms for each course you are adding, changing, deactivating, or reactivating.
- Fill out the parts of the form specified in part B. You must do this before your request can move forward!
- Remember that your changes will not be implemented until the next catalog year at the earliest.
- If you have questions, start by checking the instructions on the website. Please feel free to contact the committee chairs with any remaining questions you might have.

A. CONTACT/COURSE INFORMATION.
Name: Susan Balinsky Phone: 953-8242 Email: balinskys@cofc.edu
Department or Program: Health & Human Performance School: Education, Health & Human Performance
Subject Acronym and Course Number: HEAL 325
Catalog Year in which changes will take effect: FALL 2014

B. TYPE OF REQUEST. Please check all that apply, then fill out the specified parts of the form.

☐ Add a New Course (complete parts C, D, F, G, H, I, J, K)
☐ Change Part of an Existing Course (complete parts C, D, E, F, G, I, J, K)
☐ Course Number
☐ Course Name
☐ Course Description
☐ Credit/Contact Hours
☒ Restrictions (prerequisites, co-requisites, junior/senior standing, etc.)
☐ Deactivate an Existing Course (complete parts C, D, E, G, I, J, K)
☐ Reactivate a Previously-Deactivated Course (complete parts C, D, E, G, I, J, K)

C. RATIONALE AND EXPLANATION. Please describe your request and explain why you are making it.

When the B.S. in Public Health major was approved, it was the intention that HEAL 215 Introduction to Public Health be a prereq for all upper level HEAL courses required for the major. It was an oversight that HEAL 215 wasn't listed as a prereq for this course.

D. IMPACT ON EXISTING PROGRAMS AND COURSES. Please briefly describe the impact of your request on your own programs and courses as well other programs and courses. If another program requires the course, you must submit their written acknowledgement with this proposal. Also, the affected program must describe any change in the number of credit hours they require. Include a list of similar courses in other departments and explain any overlap.

None

This form was last updated on 06/03/13 and replaces all others.
E. EXISTING COURSE INFORMATION. If you are proposing a new course, just leave this blank. Otherwise, please fill out all fields.

Department: Health & Human Performance  School: Education, Health & Human Performance  Subject
Acronym: HEAL  Course Number: 325

Credit hours: ___3 lecture ___ lab ___ seminar ___ independent study
Contact hours: ___3 lecture ___ lab ___ seminar ___ independent study

Course title: Health Promotion

Course description (maximum 50 words, exactly as it appears in the catalog):
The educational, organizational, economical, and environmental supports for behaviors conducive to health will be examined in the public and private sector. Health promotion will include the assessment, prescription, implementation, and evaluation of programs.

Restrictions (pre-requisites, co-requisites, majors only, etc.):
Must be Junior or Senior (60 hours plus)
Corequisites: HEAL 325L
Prereq HEAL 216

Cross-listing, if any:

Is this course repeatable? [ ] yes [ ] no  If yes, how many total credit hours may the student earn? ___

F. NEW COURSE INFORMATION. If you are deactivating a course, leave this blank. Otherwise, please fill out all fields. For changed courses, use boldface for the information that is changing.

Department: Health & Human Performance  School: Education, Health & Human Performance  Subject
Acronym: HEAL  Course Number: 325

Credit hours: ___3 lecture ___ lab ___ seminar ___ independent study
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Restrictions (pre-requisites, co-requisites, majors only, etc.):
Must be Junior or Senior (60 hours plus)
Corequisites: HEAL 325L
Prereq HEAL 215 and HEAL 216

If this is a newly-created course, is it intended to be the equivalent of an existing course and replace it? [ ] yes [ ] no
If so, which course? ____________
Note: You must deactivate that course by submitting an additional Course Form.

Cross-listing, if any (submit approval from relevant department):
Note: Cross-listed courses are equivalent.

This form was last updated on 06/03/13 and replaces all others.
Is this course repeatable?  □ yes  □ no  If yes, how many total credit hours may the student earn?  

Is there an activity, lab, or other fee associated with this course?  □ yes  □ no  What is the fee?  $ 

Note: The Senate cannot approve new fees; Business Affairs will submit any such request to the Board of Trustees. The course can still be created, but the fee will not be attached until the Board has approved it.

G. COSTS. List all of the new costs or cost savings (including new faculty/staff requests, library, equipment, etc.) associated with your request.

None

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How does this course align with the student learning outcomes articulated for the major, program, or general education? What program-level outcome or outcomes does it support? Is the content or skill introduced, reinforced, or demonstrated in this course?

I. PROGRAM CHANGES. Will this course be added to the existing degree requirements or list of approved electives of a major, minor, or concentration?  □ yes  □ no

This form was last updated on 06/03/13 and replaces all others.
If yes, please attach a Change Minor and/or Change Major/Program Form as appropriate.

J. CHECKLIST.

☑ I have completed all relevant parts of the form.

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FACULTY CURRICULUM COMMITTEE
COURSE FORM

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A. CONTACT/COURSE INFORMATION.

Name: Susan Balinsky                  Phone: 953-8242                  Email: balinskys@cofc.edu
Department or Program: Health & Human Performance            School: Education, Health & Human Performance
Subject Acronym and Course Number: HEAL 403
Catalog Year in which changes will take effect: FALL __2014________

B. TYPE OF REQUEST. Please check all that apply, then fill out the specified parts of the form.

☐ Add a New Course (complete parts C, D, F, G, H, I, J, K)
☒ Change Part of an Existing Course (complete parts C, D, E, F, G, I, J, K)
  ☐ Course Number
  ☐ Course Name
  ☐ Course Description
  ☐ Credit/Contact Hours
  ☒ Restrictions (prerequisites, co-requisites, junior/senior standing, etc.)
☐ Deactivate an Existing Course (complete parts C, D, E, G, I, J, K)
☐ Reactivate a Previously-Deactivated Course (complete parts C, D, E, G, I, J, K)

C. RATIONALE AND EXPLANATION. Please describe your request and explain why you are making it.

The prerequisites currently listed apply to the ‘old’ major Physical Education with a concentration in Health Promotion. The new prerequisites would bring the parameters in line with the requirements of the BS in Public Health major.

D. IMPACT ON EXISTING PROGRAMS AND COURSES. Please briefly describe the impact of your request on your own programs and courses as well other programs and courses. If another program requires the course, you must submit their written acknowledgement with this proposal. Also, the affected program must describe any change in the number of credit hours they require. Include a list of similar courses in other departments and explain any overlap.

None

This form was last updated on 06/03/13 and replaces all others.
E. EXISTING COURSE INFORMATION. If you are proposing a new course, just leave this blank. Otherwise, please fill out all fields.

Department: Health & Human Performance  School: Education, Health & Human Performance  Subject
Acronym: HEAL  Course Number: 403

Credit hours: __6__ lecture __ lab __ seminar __ independent study
Contact hours: __lecture __ lab __ seminar __ independent study

Course title: Health Internship and Practicum

Course description (maximum 50 words, exactly as it appears in the catalog):
Candidates are placed in cooperating local agencies in areas of interest (public health, employee wellness, school health, fitness center, etc.). The field experience is a laboratory class that requires participation in the daily activities of an assigned agency and in on-campus seminars.

Restrictions (pre-requisites, co-requisites, majors only, etc.): A senior physical education major with a minimum GPA of 2.5 overall. In addition, an application must be submitted to the health coordinator at least one year before the semester in which the internship would be taken. The applicant must be approved by the HEHP department. A candidate may not take both PEHD 403 and HEAL 403. (Participation in the field experience requires satisfactory completion of 12 semester hours at or above the 300 level in health and/or physical education-related courses. First Aid and CPR certification, TB test, and Blood Borne Pathogens Management Training may be required depending on the internship site selected.) Students are responsible for their own transportation to off-campus internship sites.

Cross-listing, if any:

Is this course repeatable? □ yes  x □ no  If yes, how many total credit hours may the student earn? ___

F. NEW COURSE INFORMATION. If you are deactivating a course, leave this blank. Otherwise, please fill out all fields. For changed courses, use boldface for the information that is changing.

Department: Health & Human Performance  School: Education, Health & Human Performance  Subject
Acronym: HEAL  Course Number: 403

Credit hours: __6__ lecture __ lab __ seminar __ independent study
Contact hours: __lecture __ lab __ seminar __ independent study

Course title: Health Internship and Practicum

Course description (maximum 50 words, exactly as it appears in the catalog):
Candidates are placed in cooperating local agencies in areas of interest (public health, employee wellness, school health, fitness center, etc.). The field experience is a laboratory class that requires participation in the daily activities of an assigned agency and in on-campus seminars.

Restrictions (pre-requisites, co-requisites, majors only, etc.):
A senior public health major. Students must attend the mandatory internship meeting in the semester prior to their internship semester. Students are responsible for their own transportation to off campus internship sites.

If this is a newly-created course, is it intended to be the equivalent of an existing course and replace it? □ yes  □ no
If so, which course? __________________
Note: You must deactivate that course by submitting an additional Course Form.

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Cross-listing, if any (submit approval from relevant department):  
Note: Cross-listed courses are equivalent.

Is this course repeatable? □ yes x □ no  If yes, how many total credit hours may the student earn? ______

Is there an activity, lab, or other fee associated with this course? □ yes x □ no  What is the fee? $______
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None

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I. PROGRAM CHANGES. Will this course be added to the existing degree requirements or list of approved electives of a major, minor, or concentration? ☐ yes ☑ no

If yes, please attach a Change Minor and/or Change Major/Program Form as appropriate.

J. CHECKLIST.

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