<table>
<thead>
<tr>
<th>FORM</th>
<th>COURSE NUMBER/NAME or DEGREE</th>
<th>PROPOSED CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Form</td>
<td>HEAL 225</td>
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<td>HEAL 403</td>
<td>Public Health major, Senior standing, HEAL 325 and lab. Students are responsible for their own transportation to off campus internship sites.</td>
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</table>

For these 2 courses, the department wants to add language to the catalog advising students that some sections of each course will be restricted to declared majors and minors. How is the best way to do that? What forms do you require?
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 225 (restrict to majors/minors only - prerequisite change)
HEAL 230 (restrict to majors/minors only - prerequisite change)
HEAL 403 course change form (prerequisite change)

B. APPROVAL AND SIGNATURES.

1. Signature of Department Chair or Program Director:
   Karen Holman-Bacch Date: 10/14/14

2. Signature of Academic Dean:
   James C. Wray Date: 10/23/14

3. Signature of Provost:
   Date: 12/23/14

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

☐ fee approved on _________
☐ BOT approval pending

5. Signature of Curriculum Committee Chair:
   Bonnie C. Springer Date: 1/20/2015

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

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

8. Signature of Faculty Senate Secretary:
   ________________________________ 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: 843.953.8242  Email: BalinskyS@cofc.edu

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

Subject Acronym and Course Number: HEAL 230

Catalog Year in which changes will take effect: FALL _2015_________

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)
☒ Change Part of an Existing Course (complete parts C, D, E, F, G, I, J)

☐ Course Number (you must submit a course deactivation request for the old 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)
☐ Reactivate a Previously-Deactivated Course (complete parts C, D, E, G, I, J)

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

We request restricting this course to declared PH majors or Health minors. This will help ensure that declared majors and minors are able to complete their degrees in a timely fashion.

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.

There will be no impact.
E. EXISTING COURSE INFORMATION. If you are proposing a new course, just leave this blank. Otherwise, please fill out all fields.

Department: Health and Human Performance
Subject Acronym: HEAL
School: Education, Health, and Human Performance
Course Number: 230
Credit hours: _3_ lecture __ lab __ seminar __ independent study
Contact hours: _3_ lecture __ lab __ seminar __ independent study
Course title: Global Health
Course description (maximum 50 words, exactly as it appears in the catalog):

This course provides an overview of the determinants that impact health outcomes around the globe. Special attention will be given to continents economically disadvantaged and currently suffering from major pandemics such as HIV/AIDS, TB and Malaria, and from other emerging and re-emerging diseases.

Restrictions (pre-requisites, co-requisites, majors only, etc.):

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 and Human Performance
Subject Acronym: HEAL
School: Education, Health, and Human Performance
Course Number: 230
Credit hours: _3_ lecture __ lab __ seminar __ independent study
Contact hours: _3_ lecture __ lab __ seminar __ independent study
Course title: Global Health
Course description (maximum 50 words, exactly as it appears in the catalog):

This course provides an overview of the determinants that impact health outcomes around the globe. Special attention will be given to continents economically disadvantaged and currently suffering from major pandemics such as HIV/AIDS, TB and Malaria, and from other emerging and re-emerging diseases.

Restrictions (pre-requisites, co-requisites, majors only, etc.):

Prerequisites: Declared Public Health major or declared minor in Health

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

This form was last updated on 12/13/13 and replaces all others.
If equivalent, will the newly-created course replace the existing course? ☐ yes  ☐ no

Note: If yes, 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.

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.

There are no new costs.

H. STUDENT LEARNING OUTCOMES AND ASSESSMENT.

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This form was last updated on 12/13/13 and replaces all others.


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.

1. 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.

This form was last updated on 12/13/13 and replaces all others.
From: Balinsky, Susan E
Sent: Wednesday, December 17, 2014 11:59 AM
To: Boyd, Cathy
Subject: RE: HEAL 225 and HEAL 230 December 2014 curriculum proposal review

Hi Franklin – Yes we do want the restriction as you stated. That issue came up after I had submitted the forms and it was my understanding that the new wording had been changed at a higher level. This is the wording we hope for.

NOTE: Some sections may be restricted only to declared Public Health majors or Health minors.

Thank you so much for checking with me! Please let me know if I need to do anything else. Thanks, Sue

From: Boyd, Cathy
Sent: Wednesday, December 17, 2014 11:55 AM
To: Balinsky, Susan E
Cc: Springer, Bonnie C; Ford, Lynne E; Cwazka, Franklin James; Mackeldon, Jerry W
Subject: FW: HEAL 225 and HEAL 230 December 2014 curriculum proposal review

Susan,

The course change proposals for HEAL 225 and HEAL 230 are to restrict enrollment to Public Health majors and Health minors but don’t mention only certain sections.

Lynne Ford wrote on the cover letter stating that you wish to only restrict some sections of HEAL 225 and HEAL 230. If that is the case then we indicate this by including this in the catalog (something similar to this is already present in the catalog):

NOTE: Some sections may be restricted only to declared Public Health majors or Health minors.

Can you please confirm that you wish to have this field of study restriction only apply to certain sections? If so then I will amend the actual course proposals to indicate this and include your email response with the proposal to document this change.

Thanks!
Franklin
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: 843.953.8242  Email: BalinskyS@cofc.edu

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

Subject Acronym and Course Number: HEAL 403

Catalog Year in which changes will take effect: FALL 2015

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)
☒ Change Part of an Existing Course (complete parts C, D, E, F, G, I, J)

☐ Course Number (you must submit a course deactivation request for the old 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)
☐ Reactivate a Previously-Deactivated Course (complete parts C, D, E, G, I, J)

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

We request adding HEAL 325 and lab as pre-requisites for the course. This will improve the internship experience due to content covered in HEAL 325, Health Promotion, and lab.

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.

There will be no impact.
E. EXISTING COURSE INFORMATION. If you are proposing a new course, just leave this blank. Otherwise, please fill out all fields.

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

Credit hours: _3 - 6_ lecture __ lab __ seminar __ independent study  
Contact hours: __ lecture __ lab __ seminar __ independent study __ 3 - 6 internship

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.

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

Credit hours: _3 - 6_ lecture __ lab __ seminar __ independent study  
Contact hours: __ lecture __ lab __ seminar __ independent study __ 3 - 6 internship

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.):

Prerequisites: Public Health major, Senior standing, HEAL 325 and lab. Students are responsible for their own transportation to off campus internship sites.

This form was last updated on 12/13/13 and replaces all others.
If this is a newly-created course, is it intended to be the equivalent of an existing course? □ yes  □ no
If so, which course? ________________

If equivalent, will the newly-created course replace the existing course? □ yes  □ no
Note: If yes, 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.

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.

There are no new costs.

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 □ no

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.

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FACULTY CURRICULUM COMMITTEE
COURSE FORM

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A. CONTACT/COURSE INFORMATION.

Name: Susan Balinsky  Phone: 843.953.8242  Email: BalinskyS@cofc.edu

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

Subject Acronym and Course Number: HEAL 225

Catalog Year in which changes will take effect: FALL 2015

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)
☒ Change Part of an Existing Course (complete parts C, D, E, F, G, I, J)
   ☐ Course Number (you must submit a course deactivation request for the old course number)
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   ☐ Credit/Contact Hours
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☐ Deactivate an Existing Course (complete parts C, D, E, G, I, J)
☐ Reactivate a Previously-Deactivated Course (complete parts C, D, E, G, I, J)

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

We request restricting this course to declared PH majors or Health minors. This will help ensure that declared majors and minors are able to complete their degrees in a timely fashion.

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.

There will be no impact.

This form was last updated on 12/13/13 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 and Human Performance  School: Education, Health, and Human Performance
Subject Acronym: HEAL  Course Number: 225

Credit hours:  _3_ lecture _lab _ seminar _independent study  
Contact hours:  _3_ lecture _lab _ seminar _independent study  

Course title: Consumer Health Education  

Course description (maximum 50 words, exactly as it appears in the catalog):

An examination of the factors involved in the selection and evaluation of health services and products. Topics will also include quackery, consumer protection laws and organizations, and health insurance considerations.

Restrictions (pre-requisites, co-requisites, majors only, etc.):

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 and Human Performance  School: Education, Health, and Human Performance
Subject Acronym: HEAL  Course Number: 225

Credit hours:  _3_ lecture _lab _ seminar _independent study  
Contact hours:  _3_ lecture _lab _ seminar _independent study  

Course title: Health Internship and Practicum  

Course description (maximum 50 words, exactly as it appears in the catalog):

An examination of the factors involved in the selection and evaluation of health services and products. Topics will also include quackery, consumer protection laws and organizations, and health insurance considerations.

Restrictions (pre-requisites, co-requisites, majors only, etc.):

Prerequisites: Declared Public Health major or declared minor in Health  

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

If equivalent, will the newly-created course replace the existing course?  □ yes  □ no
Note: If yes, 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.

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.

There are no new costs.

H. STUDENT LEARNING OUTCOMES AND ASSESSMENT.

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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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□ I have submitted one Signature Form that lists all of the different forms I am submitting.

This form was last updated on 12/13/13 and replaces all others.
October 24, 2014

To the Curriculum Committee:

As Program Director of the BA in Public Health, I would like to acknowledge that I have read and support of the changes requested for HEAL 230 to limit enrollment to declared Public Health majors or Health minors. The change will have no impact on the number of credit hours for the degree. If you have any questions, please feel free to contact me at 843-697-0600 or email to mcgeed@cofc.edu

Respectfully,

[Signature]

Deborah Socha McGee, PhD

Program Director, BA, Public Health

Associate Professor, Dept. of Communication
Hi Franklin – Yes we do want the restriction as you stated. That issue came up after I had submitted the forms and it was my understanding that the new wording had been changed at a higher level. This is the wording we hope for.

NOTE: Some sections may be restricted only to declared Public Health majors or Health minors.

Thank you so much for checking with me! Please let me know if I need to do anything else. Thanks, Sue

Susan,

The course change proposals for HEAL 225 and HEAL 230 are to restrict enrollment to Public Health majors and Health minors but don’t mention only certain sections.

Lynne Ford wrote on the cover letter stating that you wish to only restrict some sections of HEAL 225 and HEAL 230. If that is the case then we indicate this by including this in the catalog (something similar to this is already present in the catalog):

NOTE: Some sections may be restricted only to declared Public Health majors or Health minors.

Can you please confirm that you wish to have this field of study restriction only apply to certain sections? If so then I will amend the actual course proposals to indicate this and include your email response with the proposal to document this change.

Thanks!
Franklin