Course Change Proposals for Faculty Curriculum Committee

Submitted by the Department of Health and Human Performance
Spring 2015

<table>
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<tr>
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<th>COURSE NUMBER/NAME or DEGREE</th>
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<td>Course Form</td>
<td>HEAL 495</td>
<td>Delete course; delete as required course for BS in Public Health</td>
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<td>B.S. in Public Health</td>
<td>Change credit hours required for degree to 57+ because of deletion of HEAL 495</td>
</tr>
<tr>
<td>Minor Form</td>
<td>Health minor</td>
<td>Delete Health minor.</td>
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</tbody>
</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 495 - Course Form
HEAL minor - Minor Form

B. APPROVAL AND SIGNATURES.

1. Signature of Department Chair or Program Director:
   
   Karen Hulsewede
   Date: 2/4/15

2. Signature of Academic Dean:
   
   Seattle University
   Date: 2/4/2015

3. Signature of Provost:
   
   Date: 3/10/15

4. Signature of Business Affairs (only for course fees):
   
   Date: ____________________________
   □ fee approved on ____________
   □ BOT approval pending

5. Signature of Curriculum Committee Chair:
   
   Bonnie A. Springer
   Date: 3/20/2015

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: 3-8242  Email: balinskys@cofc.edu

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

Subject Acronym and Course Number: HEAL 495

Catalog Year in which changes will take effect: FALL 2015 2017

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 that HEAL 495, Capstone Seminar, be deactivated from the BS in Public Health curriculum. The content is covered in other required courses and we do not have the resources for faculty members to teach 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.

The only impact will be the reduction by one credit hour of the BS in Public Health major

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 & Human Performance
School: Education, Health & Human Performance
Subject
Acronym: HEAL
Course Number: 495

Credit hours: ___ lecture ___ lab ___ seminar ___ independent study
Contact hours: ___ 75 min lecture ___ lab ___ seminar ___ independent study

Course title: Capstone Seminar

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

This seminar will use case studies and research articles to apply the competencies and sub-competencies associated with the entry-level CHES certification exam. Students will meet once a week for one hour

Restrictions (pre-requisites, co-requisites, majors only, etc.): HEAL 395 and HEAL 460.

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:
School:
Subject
Acronym:
Course Number:

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

Course title:

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

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

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? $_____

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 & Human Performance  
School: Education, Health & Human Performance  
Subject Acronym: HEAL  
Course Number: 495

Credit hours:  1  lecture  _  lab  _  seminar  _  independent study
Contact hours:  .75  min  lecture  _  lab  _  seminar  _  independent study

Course title: Capstone Seminar

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

This seminar will use case studies and research articles to apply the competencies and sub-competencies associated with the entry-level CHES certification exam. Students will meet once a week for one hour

Restrictions (pre-requisites, co-requisites, majors only, etc.): HEAL 395 and HEAL 460.

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 bold face for the information that is changing.

Department:  
School:  
Subject Acronym:  
Course Number:  

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

Course title:  

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

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

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? $______
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
MINOR FORM

Instructions:
• Please fill out all of the portions of the form that are specified in section 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, please start by checking the detailed instructions on the website. Please feel free to contact the committee chair with any remaining questions you might have.

A. CONTACT INFORMATION.
Name: Susan Balinsky Phone: 953-8242 Email: balinskys@cofc.edu
School: Education, Health & Human Performance Department or Program: Health & Human Performance
Name and Acronym of Minor: Health, HEAL

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

☐ Add a New Minor (complete all portions)

☐ Change an Existing Minor (complete C, D, E, G, H, and I)
  ☐ Add existing course or courses to requirements or electives
  ☐ Add new course(s) to requirements or electives (attach completed course form for each)
  ☐ Delete courses from requirements or electives

☒ ☐ Terminate a Minor (complete E, G, H, and I)

C. GENERAL INFORMATION.
Number of Current Credit Hours (for existing minors): _______
Number of Proposed Credit Hours (for new or changing minors): _______

Catalog year in which changes will take effect: FALL 2015

☐ Interdisciplinary (please see guidelines on the Curriculum Committee website and include acknowledgments from relevant departments)

According to academic policy, students may not obtain a major/concentration and minor in the same subject. Will students in specific majors be prohibited from declaring this minor because of this policy?
☐ Yes—Which major(s) or concentration(s)? _______
☐ No

D. CURRICULUM. For a changed minor, please list every change you are making below AND attach the current catalog entry for this minor (from the Minor Requirements section) with changes marked in RED. Additions should show where the course will be inserted, deletions should be noted by crossing out the course, and moves indicated with arrows. Distinguish between required and elective courses, and note any prerequisites, co-requisites, sequencing, or other restrictions. For each new course, submit the Curriculum Committee's Course Form and a sample syllabus. For

This form was last updated on 6/6/2013 and replaces all others.
a new program, please submit the complete curriculum and catalog description exactly as they should appear in the catalog.

E. RATIONALE AND EXPLANATION. Please provide a narrative addressing the request you are making and why you are making it. In addition, for a new minor, please address its objectives, provide evidence of student interest (e.g. interviews with student focus groups, enrollment in special-topics courses in this area), and explain how the minor supports the liberal arts tradition as well as the mission of the institution. Due to the high demand for HEAL courses from Public Health majors (B.S and B.A) and limited amount of courses/seats we can offer, we are not able to provide adequate support to a Health minor program.

F. STUDENT LEARNING OUTCOMES AND ASSESSMENT.

<table>
<thead>
<tr>
<th>Student Learning Outcomes</th>
<th>Assessment Method and Performance Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>What will students know and be able to do when they complete the minor? Attach a Curriculum Map.</td>
<td>How will each outcome be measured? Who will be assessed, when, and how often? How well should students be able to do on the assessment?</td>
</tr>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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</tbody>
</table>

How does this minor 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 minor?
G. IMPACT ON EXISTING PROGRAMS AND COURSES. Please describe the impact of this request on other programs and courses. If you are deleting a program, please describe the effect on all programs that will be impacted; if you are adding or changing a program, please explain any overlap with existing programs at the College.

There should be no effect

H. COSTS ASSOCIATED WITH THE REQUESTED ACTION. List all of the new costs or cost savings (including new faculty/staff requests, library, or equipment) associated with your request.

None

I. 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.

☒ I have attached a Course Form for each newly-created or modified course.

☐ (For proposals that affect other departments in any way) I have attached an acknowledgement from the relevant department.

☐ I have provided the complete curriculum for the program, concentration, emphasis, etc., including the description and course list, exactly as it should appear in the catalog.

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

PBHL – Change/Delete program form

B. APPROVAL AND SIGNATURES.

1. Signature of Department Chair or Program Director:

2. Signature of Academic Dean:

3. Signature of Provost:

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

5. Signature of Curriculum Committee Chair:

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

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

8. Signature of Faculty Senate Secretary:

Date Approved by Faculty Senate: ____________________

☐ fee approved on ____________________

☐ BOT approval pending
Hi Bonnie - Is this sufficient from Deb? Thanks. Hope you got your syllabi together! ~Sue

Sent from my iPad

Begin forwarded message:

From: "McGee, Deborah S" <McGeeD@cofc.edu>
Date: August 25, 2015, 4:49:33 PM EDT
To: "Balinsky, Susan E" <BalinskyS@cofc.edu>
Subject: HEAL 495

Dear Dr. Balinsky,

The BA in Public Health program supports the deletion of HEAL 495 from the roster of Health courses. If you have any questions, feel free to contact me at mcgeed@cofc.edu

Sincerely,
Deb

Deborah Socha McGee, PhD
Associate Professor, Dept. of Communication
Program Director, BA in Public Health
Office: 9 College Way (the green building), room 301
Hi Bonnie - Is this sufficient from Deb? Thanks. Hope you got your syllabi together!~Sue

Sent from my iPad

Begin forwarded message:

From: "McGee, Deborah S" <mcgeeD@cofc.edu>
Date: August 25, 2015, 4:49:33 PM EDT
To: "Balinsky, Susan E" <BalinskyS@cofc.edu>
Subject: HEAL 495

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Sincerely,
Deb

Deborah Socha McGee, PhD
Associate Professor, Dept. of Communication
Program Director, BA in Public Health
Office: 9 College Way (the green building), room 301
FACULTY CURRICULUM COMMITTEE
CHANGE/DELETE PROGRAM FORM

Instructions:
- Please fill out all of the portions of the form that are specified in section 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, please start by checking the detailed instructions on the website.
- Please feel free to contact the committee chair with any remaining questions you might have.

A. CONTACT INFORMATION.

Name: Susan Balinsky Phone: 3-8242 Email: balinskys@cof.cedu

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

Name and Acronym of Major: Public Health, PBHL

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

☐ Change Request (fill out all sections)
  ☐ Add an existing course to requirements or electives
  ☐ Add a new course to requirements or electives (attach completed course form for each)
  ☒ Delete courses from requirements or electives
  ☐ Add or modify concentration*
  ☐ Add or modify cognate*

*Note: Only concentrations and cognates requiring 18 or more credit hours will be tracked in Banner and Degree Works and noted on the transcript.

☐ Terminate Program (fill out E, G, H, and I)
  ☐ Terminate degree
  ☐ Terminate major
  ☐ Terminate concentration
  ☐ Terminate cognate

C. GENERAL INFORMATION

Number of Current Credit Hours (for existing program): __58+________
Number of Proposed Credit Hours (for changed program): __57+________
Catalog Year in which changes will take effect: FALL __2015________

D. CURRICULUM. Please list every change you are making below AND attach the current Program of Study Worksheet for this major (http://registrar.cof.cedu/program-of-study-resources/program-of-study-worksheets/index.php) with changes marked in RED. Additions should show where the course will be inserted, deletions should be noted by crossing out the course, and moves indicated with arrows. Distinguish between required and elective courses, and note any prerequisites, co-requisites, sequencing, or other restrictions. Provide the catalog description and course list exactly as they should appear in the catalog. For each new course, submit the Curriculum Committee’s Course Form and a sample syllabus.

This form was last updated on 6/6/2013 and replaces all others.
Delete HEAL 495 – Capstone seminar (1 credit)

E. RATIONALE AND EXPLANATION. Please provide a narrative addressing the request you are making and why you are making it.

We request that HEAL 495, Capstone Seminar, be deactivated from the BS in Public Health curriculum. The content is covered in other required courses and we do not have the resources for faculty members to teach this course.

F. STUDENT LEARNING OUTCOMES AND ASSESSMENT.

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</table>

Additional Outcomes or Comments:
G. IMPACT ON EXISTING PROGRAMS AND COURSES. Please describe the impact of this request on other programs and courses. If you are deleting a program, please describe the effect on all programs that will be impacted; if you are adding or changing a program, please explain any overlap with existing programs at the College.

There should be no effect

H. COSTS ASSOCIATED WITH THE REQUESTED ACTION. List all of the new costs or cost savings (including new faculty/staff requests, library, or equipment) associated with your request.

None

I. 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.

☐ I have attached a Course Form for each newly-created or modified course.

☐ (For proposals that affect other departments in any way) I have attached an acknowledgement from the relevant department.

☐ I have provided the complete curriculum for the program, concentration, emphasis, etc., including the description and course list, exactly as it should appear in the catalog.

☑️ I have submitted one Signature Form that lists all of the different forms I am submitting.
Public Health Major Requirements
Catalog Year: 2015-16
Degree: Bachelor of Science
Credit Hours: 58+57+

*PR* indicates a pre-requisite. *CO* indicates a co-requisite.

Courses within this major may also satisfy general education requirements. Please consult http://registrar.cofc.edu/general-ed for more information.

Required Courses

☐ BIL 111 Introduction to Cell and Molecular Biology (3) PR: None; CO: BIL 111L
☐ BIL 111L Introduction to Cell and Molecular Biology Lab (1) CO: BIL 111

OR

☐ HONS 151 Honors Biology I (3) PR: None; CO: HONS 151L
☐ HONS 151L Honors Biology I Lab (1) CO: HONS 151

☐ BIL 112 Evolution, Form, and Function of Organisms (3) PR: BIL 111 and 111L; CO: BIL 112L
☐ BIL 112L Evolution, Form, and Function of Organisms Lab (1) CO: BIL 112L

OR

☐ HONS 152 Honors Biology II (3) PR: HONS 151 and 151L; CO: HONS 152L
☐ HONS 152L Honors Biology II Lab (1) CO: HONS 152

☐ BIL 201 Human Physiology (4) PR: BIL 111/111L or HONS 151/151L and BIL 112/112L or HONS 152/152L

☐ BIL 202 Human Anatomy (4) PR: BIL 111/111L or HONS 151/151L and BIL 112/112L or HONS 152/152L

☐ HEAL 215 Introduction to Public Health (3) PR: None

☐ HEAL 216 Personal and Community Health (3) PR: None

☐ HEAL 225 Consumer Health (3) PR: None (Some sections may be restricted only to declared Public Health majors or Health minors.)

☐ HEAL 230 Global Health (3) PR: None (**Some sections may be restricted only to declared Public Health majors or Health minors.)

☐ HEAL 257 Principles of Nutrition (3) PR: None

☐ HEAL 325 Health Promotion (3) PR: HEAL 215, 216; junior standing; CO: HEAL 325L

☐ HEAL 325L Field Experience in Health Promotion (1) PR: HEAL 215, 216; junior standing; CO: HEAL 325

☐ HEAL 350 Epidemiology (3) PR: PBHL/HEAL 215

☐ HEAL 395 Biostatistics in Health Sciences (3) PR: MATH 104 or any higher level statistics course; HEAL 215

☐ HEAL 460 Public Health Administration (3) PR: HEAL 325 and 325L or instructor permission

☐ HEAL 495 Capstone Seminar (1) PR or CO: HEAL 395, HEAL 460

☐ MATH 104 Elementary Statistics (3) PR: MATH 101 or placement

OR

☐ MATH 250 Statistical Methods (3) PR: MATH 105 with a C- grade or better or MATH 111 or MATH 120 or permission of instructor

☐ PBHL 336 Health Communication (cross-listed with COMM 336*) (3) PR: COMM 104 or COMM 280; COMM 214 or COMM 215; or instructor permission.

Note: *When section covers Health Communication.
Complete at least 3 credit hours from the following:

☐ □

☐ HEAL 401  Independent Study in Health Education (1-3; repeatable up to 9) PR: Instructor permission or department chair permission

OR

☐ HEAL 403  Health Internship and Practicum (3-6) PR: HEAL 325, 325L; 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.

Select one of the following Health Policy courses:

☐ □

POLI 210  Introduction to Public Administration (3) PR: None

POLI 211  Introduction to Public Policy (3) PR: None

POLI 307  Environmental Policy (3) PR: None

POLI 308  Education Policy (3) PR: None

POLI 309  Health Policy (3) PR: None

SOCY 345  Social Policy (3) PR: SOCY 101 or HONS 167 or SOCY 102

SOCY 358  Living in an Organizational World (3) PR: SOCY 101 or HONS 167 or SOCY 102

URST 310  Urban Planning (3) PR: None

URST 320  Town and Country Planning (3) PR: None

Select one of the following Environmental courses:

☐ □

ANTH 340  Medical Anthropology (3) PR: ANTH 101 or 203 or instructor permission

ENVT 200  Introduction to Environmental Studies (3) PR: Sophomore standing

HIST 291  Disease, Medicine and History (3) PR: One course in pre-modern history and one course in modern history from the list of approved courses satisfying the general education history requirement (see http:// registrar.cofc.edu/general eds/).

SOCY 340  Medical Sociology (3) PR: SOCY 101 or HONS 167 or SOCY 102

SOCY 344  Social Gerontology (3) PR: SOCY 101 or HONS 167 or SOCY 102

SOCY 346  Environmental Sociology (3) PR: SOCY 101 or HONS 167 or SOCY 102

PSYC 329  Environmental Psychology (3) PR: PSYC 103

Select one of the following Ethics courses:

☐ □

COMM 315*  Ethical Communication (3) PR: COMM 104 or COMM 280; COMM 214 or COMM 215; or department chair permission

PHII 155  Environmental Ethics (3) PR: None

PHIL 170  Biomedical Ethics (3) PR: None

PHIL 175  Business and Consumer Ethics (3) PR: None