Curriculum Change Proposal Form

Unit proposing the change: **Education Department**

Please check all that apply:

| Changes to academic major or minor; course titles, descriptions, number changes within level; prerequisites | Course additions, cross-listings or deletions; course level changes; change in course credit hours; change in grading S/U to A-F and A-F to S/U |
| Requires:* Dept. Chair or Program Coord. Signature(s) (Copy to Div. Chair.) | Requires:* Dept. Chair or Program Coord. Signature(s) (copy to Div. Chair) AND Division Discussion and Signature. |

- [x] Student-designed majors, non-credit workshops.

  Requires:* Dept. Chair or Program Coord. Signature(s) (copy to Div. Chair.)

- [ ] Special courses or credit workshops.

  Requires:* Dept. Chair or Program Coord. Signature(s) (Copy to Div. Chair) AND Division Discussion and Signature.

- [ ] Other (Explain in 1 below)

  See VPAA for details regarding approval requirements.

*Required prior to submission to the Undergraduate Curriculum Committee

**NOTE:** See APAP section 110 for more information regarding changes to curriculum.

1. Detailed description of the proposed change: **Add to description: Required field experience: 15 hours**

2. Justification for change: **Has been part of the course of study program, but not indicated in catalog**

3. Proposed term of initial offering or implementation date: **Fall 2015**

4. As applicable, please provide or attach the following information:
   
   a) Course subject and number (or proposed number): **PE 321**
   
   b) Course title: **Motor Learning and Adaptive Physical Education for Middle Childhood**
   
   c) Credit hours: **3**
   
   d) Recommended level: **FR SO JR SR**
   
   e) Prerequisites or other special conditions (if any):
   
   f) Requirements it will satisfy (major, minor, Gen Ed, licensure): **Major**
   
   g) Proposed catalog description:
   
   h) Describe any potential impact(s) of this change, such as course prerequisites, majors/minors, interdisciplinary programs, licensure requirements, etc.:

   ➢ **REQUIRED: Attach documentation of notification of affected parties. [ ]**
i) Staffing considerations:
   [X] Can be taught by present staff
   [ ] Will require additional staff

j) Anticipated frequency of offering:
   [ ] Every semester
   [X] Once a year
   [ ] Alternate years

k) Resources required (facilities, equipment, supplies, library materials, etc.):

5. Signatures:

Department Chair or Program Coordinator: ____________________________
   ➤ Please attach summary of department discussion. [ ]
   Department Vote:
   In favor ___   Opposed ___   Abstentions ___
   Date: __/___/___

Vice President of Graduate and Continuing Studies: (if applicable)      
   (In favor or Opposed or Abstain (circle one)
   (Please attach comments)
   Date: 4/10/15

Teacher Preparation Programs [Initial Licensure]: (if applicable)     
   [X] In favor or Opposed or Abstain (circle one)
   (Please attach comments)
   Date: 3/25/15

Division Chair: ____________________________
   ➤ Please attach summary of division discussion(s). [ ]
   Division Vote:
   In favor 14   Opposed 0   Abstentions 0
   Date: 4/7/2015

Undergraduate Curriculum Committee Chair (VPAA): ____________________________
   Curriculum Committee Vote:
   In favor ___   Opposed ___   Abstentions ___
   Date: __/___/___