



SACRAMENTO  
STATE

# Course Change Proposal Form A



<b>Academic Group (Health &amp; Human Services):</b>	<b>Academic Organization:</b> Kinesiology & Health Science	<b>Date:</b> February 15, 2007
<b>Type of Course Proposal:</b> New ___ Change <u>X</u> Deletion ___	<b>Department Chair:</b> Fred Baldini	<b>Submitted by:</b> Patricia Woodward
<b>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <u>X</u></b>	<b>For Catalog Copy:</b> Yes <u>X</u> No ___ <b>CCE:</b> Yes <u>X</u> No ___	<b>Semester Effective:</b> Fall <u>XX</u> Spring __, 2007

<b>This course replaces experimental course Subject Area (prefix) and Catalog Number (course number):</b>	Not applicable
<b>This Catalog Number (course number) is being replaced:</b>	Not applicable

**Change from:**

<b>Subject Area &amp; Catalog No.</b>	<b>Title:</b>	<b>Units:</b>
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**Change to:**

<b>Subject Area &amp; Catalog No.</b> HLSC 119	<b>Title:</b> Community Health Education	<b>Units:</b> 3
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**JUSTIFICATION:**

Addition of prerequisite, HLSC 118 Community Health or consent of instructor, will better prepare the students to satisfactorily complete HLSC 119 Community Health Education.

**NEW COURSE DESCRIPTION:** (Not to exceed 80 words and language should conform to catalog copy. See <http://www.csus.edu/acaf/univmanual/crspsl.htm> - Guidelines for Catalog Course Description)

**HLSC119. Community Health Education.** In addition to the current practice in community health education, examines the philosophical, conceptual and theoretical constructs that serve as a basis for understanding, predicting and facilitating change in health-related behavior. Explores the use of health communication processes, selected instructional media, health planning, community organization techniques and mass communications in community health education. **Prerequisite: HLSC 118 or instructor permission.**  
3 units

**Note:**

**Prerequisite: HLSC 118 Community Health Education or consent of the instructor**

**Enforced at Registration: Yes XX No**

**Corequisite: Not applicable**

**Enforced at Registration: Yes No**

**CAN (California Articulation Number):**

**Graded: Letter X Credit/No Credit \_\_\_** **Instructor Approval Required? Yes \_\_\_ No XX**

**Course Classification : lecture** **Title for SIS+/CMS: COMMUNITY HLTH EDUC**

**Cross Listed? Yes \_\_\_ No X** **If yes, do they meet together and fulfill the same requirement, and what is the other course.**

**How Many Times Can This Course be Taken for Credit? 1**

**Can the course be taken for Credit more than once during the same term? Yes \_\_\_ No X**

**FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:**

**Description of the Expected Learning Outcomes:** Describe outcomes using the following format: "Students will be able to: 1), 2), etc." See the example at <http://www.csus.edu/acaf/example.htm>

Not applicable since addition of prerequisites does not constitute a substantive change.

**\*\*Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.**

**Assessment Strategies:** A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

Assessment strategies remain the same.

**For whom is this course being developed?**

Majors in the Dept  Majors of other Depts \_\_\_ Minors in the Dept \_\_\_ General Education \_\_\_ Other \_\_\_

Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes  No \_\_\_

If yes, identify program(s): Health Science Concentrations: Community Health Education and Health Care Administration

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes \_\_\_ No

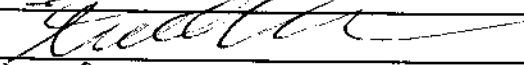
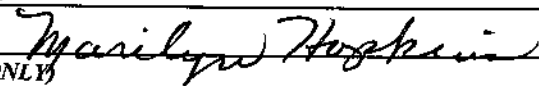
If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any). Not applicable

*The Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form.*

**Approvals:** If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

**Signatures:**

	Date
Department Chair: 	4-17-07
College Dean or Associate Dean: 	4-20-07
CPSP (for school personnel courses ONLY)	
Associate Vice President and Dean for Academic Programs	CONDITIONAL APPROVAL 4/23/07

**Distribution:** Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.