



SACRAMENTO
STATE

Course Change Proposal Form A



Academic Group (College): Health and Human Services	Academic Organization (Department): Kinesiology and Health Science	Date: Sept. 21, 2007
Type of Course Proposal: New ___ Change <u>X</u> Deletion ___	Department Chair: Dr. Fred Baldini	Submitted by: Dr. Craig Tacla
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <u>X</u>	For Catalog Copy: Yes <u>X</u> No ___ CCE (Extension): Yes ___ No <u>X</u>	Semester Effective: Fall ___ Spring <u>X</u> , 2008_

This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

Change from:

Subject Area (prefix) & Catalog Nbr (course no.): KINS 133	Title: Integration of Concepts	Units: 3
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Change to:

Subject Area (prefix) & Catalog Nbr (course no.): KINS 133	Title: Integration of Concepts	Units: 3
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JUSTIFICATION:

The course description is being changed to clarify the definition of a "capstone" course as well as to specifically state that the WPE must be passed before taking this course.

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)

Critical perspective of how theoretical concepts and integrated knowledge can be applied to the teaching of physical education. Emphasis is on a coherent understanding of the interrelationships that exist in the subdisciplines of physical education and other subject areas. The course meets the writing intensive requirement for Physical Education Blended Credential Option students only. As a capstone experience for students in the Physical Education Concentration, this course must be taken during the final semester of the student's plan of study.

Prerequisite: Passing score on the WPE.

Note:

Prerequisite:
Enforced at Registration: Yes X No ___

Corequisite:
Enforced at Registration: Yes ___ No ___

CAN (California Articulation Number):

Graded: Letter X Credit/No Credit ___ **Instructor Approval Required? Yes ___ No X**

Course Classification (e.g., lecture, lab, seminar, discussion):
Lecture **Title for CMS (not more than 30 characters):**
Integration of Concepts

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>

****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:

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): Physical Education Blended Program

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.


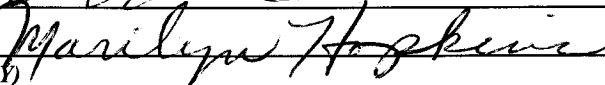
Indicate which department or programs will be affected by the proposed course (if any). N/A

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:		11-7-07
College Dean or Associate Dean:		11-8-07
CPSP (for school personnel courses ONLY)		
Associate Vice President and Dean for Academic Programs		

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.