Course Change Proposal
Form A

Academic Group (College): Health and Human Services
Academic Organization (Department): Kinesiology

Type of Course Proposal: New __ Change X _ Deletion _

Department Chair: Dr. Fred Baldini

Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes __ No X

For Catalog Copy: Yes X _ No _

CCE: Yes ___ No ___

Date: Feb. 13, 2007

Submitted by: Dr. Joan Neide

Semester Effective: Fall X _ Spring ___ 2007

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

This Catalog Number (course number) is being replaced:

Change from:

Subject Area (prefix) & Catalog No. (course no.): Title: Units:

Change to:

Subject Area (prefix) & Catalog No. (course no.): Title: Intermediate Tai Chi Units: 1

KINS 041

JUSTIFICATION:

Change: Remove prerequisites…This change follows the pattern for all intermediate activity classes. No intermediate activity class has a prerequisite.

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

Explores the ancient traditions of Tai Chi in a much greater depth. Asks the students to physically experience the discipline and structure of Tai Chi to enhance his/her understanding of the next level of training. 1 unit.

Note:

Prerequisite: None
Enforced at Registration: Yes ___ No X

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): 11

Title for SIS+/CMS (not more than 30 characters)
Intermediate Tai Chi

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? 2

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 ___ X___
If yes, identify program(s):

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 ___ X___
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). 

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: 

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<th>Department Chair:</th>
<th>Date</th>
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<th>College Dean or Associate Dean:</th>
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<th>CPSP (for school personnel courses ONLY):</th>
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<th>Associate Vice President and Dean for Academic Programs</th>
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<td>APPROVAL</td>
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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.