## Course Change Proposal
### Form A

<table>
<thead>
<tr>
<th>Academic Group (College): College of Health and Human Services</th>
<th>Academic Organization (Department): Department of Recreation, Parks and Tourism Administration (RPTA)</th>
<th>Date: September 10, 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Course Proposal: New ___ Change ___ Deletion ___</td>
<td>Department Chair: Dr. Beth Kivel</td>
<td>Submitted by: Dr. Tony Sheppard</td>
</tr>
<tr>
<td>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No ___</td>
<td>For Catalog Copy: Yes ___ No ___</td>
<td>Semester Effective:</td>
</tr>
<tr>
<td>CCE (Extension): Yes ___ No ___</td>
<td>Fall ___ Spring ___, 2008</td>
<td></td>
</tr>
</tbody>
</table>

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

### Change from:

| Subject Area (prefix) & Catalog Nbr (course no.): RPTA 128 RES 128 | Title: Leisure Services for At-Risk Populations | Units: 3 |

### Change to:

| Subject Area (prefix) & Catalog Nbr (course no.): RPTA 128 | Title: Recreation, Parks and Tourism Services for At-Risk Populations | Units: 3 |

### JUSTIFICATION:

Administrative change only. If the description is blank, it remains unchanged. All other details (pre-requisites, grading, classification, etc.) remain unchanged.

This administrative name change reflects the Department’s name change from Recreation and Leisure Studies to Recreation, Parks and Tourism Administration. Academic Affairs is automatically changing all course numbers but certain course titles and descriptions include or refer to the Department name and/or are being changed to promote consistency. Course content remains unchanged.

### 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)

### Note:

Prerequisite:
Enforced at Registration: Yes ___ No ___

Corequisite:
Enforced at Registration: Yes ___ No ___

CAN (California Articulation Number):

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

Course Classification (e.g., lecture, lab, seminar, discussion):
Title for CMS (not more than 30 characters)
RPTA for At-Risk Populations

Cross Listed?
Yes ___ No ___ | 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? ___

Can the course be taken for Credit more than once during the same term? Yes ___ No ___
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):

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).

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.

<table>
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<th>Signatures:</th>
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<tr>
<td>Department Chair:</td>
<td>9/17/07</td>
</tr>
<tr>
<td>College Dean or Associate Dean:</td>
<td>9-20-07</td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY)</td>
<td></td>
</tr>
<tr>
<td>Associate Vice President and Dean for Academic Programs</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.

8/27/07
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This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number): ______

## Change from:

<table>
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<tr>
<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title: Leisure Program Planning</th>
<th>Units: 3</th>
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<tr>
<td>RPTA 136 RLS 136</td>
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<th>Subject Area (prefix) &amp; Catalog Nbr (course no.):</th>
<th>Title: Program Planning in Recreation, Parks and Tourism</th>
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NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See http://www.csus.edu/acaf/univmanual/erpspl.htm - Guidelines for Catalog Course Description)

The program planning process will be described and explained. Relevant principles and methods will be identified. Students will develop a program plan for a local organization. Field trips may be required.

### Note:

**Prerequisite:**
- Enforced at Registration: Yes ___ No ___

**Corequisite:**
- Enforced at Registration: Yes ___ No ___

CAN (California Articulation Number):

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

**Course Classification** *(e.g., lecture, lab, seminar, discussion)*:
- Title for CMS (not more than 30 characters)
- Program Planning in RPTA

**Cross Listed?**
- Yes ___ No ___
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