Course Change Proposal  
Form A

Academic Group (College):  
HHS

Academic Organization (Department):  
KHS

Date:  
September 9, 2010

Type of Course Proposal:  
New ___ Change ___X_ Deletion ___

Department Chair:  
Joan Neide

Submitted by:  
Joan Neide

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

For Catalog Copy:  
Yes ___X_ No ___

CCE (Extension):  
Yes ___ No ___

Semester Effective:  
Fall ___ Spring ___X_ 2011___

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

If changing an existing course, should new version be considered a repeat of the original version? If so, the same Course ID will be maintained. If not, a new Course ID will be assigned. Note: In PeopleSoft terminology, the Course ID is the unique system identifier, not the Catalog Nbr.  
Yes ___X_ No ___

Change from:

Subject Area (prefix) & Catalog Nbr (course no.):  
KINS 195 D

Title:  
Practicum in Athletic Training

Units:  
4.0

Change to:

Subject Area (prefix) & Catalog Nbr (course no.):  
KINS 195D

Title:  
Practicum in Athletic Training

Units:  
4.0

JUSTIFICATION:

Due to the new repeat policy, the KHS Department would like to clarify the number of times a student may take KINS 195D.

KINS 195D can be taken a minimum of 4 times and maximum of 5 times, with the total units not to exceed 20 units.

Additional update:

The current course description states that students can enroll in a 3 unit 195D for 200 hours and a 4 unit course for 300 hours. The 3 unit option is no longer available and should be eliminated from the description. The new description is listed below.

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

Supervised athletic training experience in the athletic training room under the direct supervision of a Certified Athletic Trainer. Included are a series of guest lectures from the medical and paramedical field presenting lectures and demonstrations on topics in sports medicine. 300 hours plus all lectures equal 4 units. KINS 195D can be taken a minimum of 4 times and maximum of 5 times, with the total units not to exceed 20 units.

Note:

Prerequisite: Bio 22, Kins 156
Enforced at Registration: Yes ___X_ No ___
Corequisite:
Enforced at Registration: Yes ___ No ___

Graded: Letter ___ Credit/No Credit ___

Instructor Approval Required? Yes ___ No ___

Course Classification (e.g., lecture, lab, seminar, discussion):
Lecture ___ Practicum ___

Title for CMS (not more than 30 characters)
N/A

Cross Listed?
Yes ___ No ___

If yes, do they meet together and fulfill the same requirement, and what is the other course. N/A

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/escal/example.htm

N/A

**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 above:

N/A

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): Athletic Training ___

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). None ___

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

Accessibility: Following course approval, and prior to the start of the semester in which the new or revised course will be taught for the first time, an accessibility checklist [available at http://www.csus.edu/accessibility/checklist.html] shall be completed and submitted to the appropriate Dean's office. An accessible syllabus shall also be made available online, preferably prior to the start of that semester's open registration period.

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: 11/3/10
Department Chair: ____________________________
College Dean or Associate Dean: ____________________________
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.

5/20/2010