

September 19, 2008

MEMORANDUM

TO: CHHP Curriculum Committee Members

FROM: John Dobson, PhD

SUBJECT: Course Change Requests

The following are curriculum requests for consideration at the October 7 CHHP Curriculum Committee Meeting. These changes would be effective Fall:

1. APK 3220c – Biomechanical Basis of Movement
Old Pre-requisite: APK 2100c with grade of C or better; MAC 1147 or higher; Permission of Instructor
New Pre-requisite: Grade of "C" or better in APK 4340
New Course Number: Requesting course be changed to 4000 level
Justification: Senior Level Course with a 4000 level pre-requisite would be more appropriately numbered with a 4000 level sequence.

PART 1: TO BE COMPLETED BY THE INSTITUTION

Institution: University of Florida	Institutional Code: 001535	Instructional Unit or Department Name, Department Code and SAMAS Number: Applied Physiology and Kinesiology, 2603
Current SCNS Course Identification:		
Discipline (SMA) _____	Prefix APK _____	Level 3 _____
Course Number 302 _____		Lab Code _____
Institution's Course Title: _____		

PART 2: REQUESTED ACTIONS

Terminate Current Course **Yes** Date Termination Effective: _____

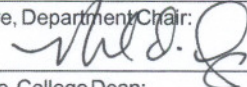
NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) _____ Prefix **APK** _____ Level **4** _____ Course Number **302** _____ Lab Code _____

NEW Institution Course Title (if applicable): _____

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) 08/2008

Other Items to Change	Change From	Change To
Amount of Credit	N/A	N/A
Type of Credit	N / A	N / A
Total Clock Hours (Contact Hour Base or Head Count)	N/A	N/A
Type of Degree	N / A	N / A
Gordon Rule	N / A	N / A
General Ed Requirement	N / A (areas)	N / A (areas)
Prerequisites/Corequisites (This form does not update ISIS or registration prerequisite checking.)	athletic training students with senior standing	"C" or better in APK 4340; athletic training students with senior standing
Change of Course Description (Course syllabus must be attached): N/A		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: Alison Davis, 392-0584 x1275, PO Box 118205	(Date)	Signature, Department Chair: 	(Date) 9/25/08
College Contact, Telephone Number and PO Box:	(Date)	Signature, College Dean:	(Date)
Signature, Graduate Dean (if applicable):	(Date)	Signature, Registrar (Institutional Contact):	(Date)

PART 3: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE

Approved Course Classification (Prefix, Number, Lab Code): _____

If not the same as recommended by institution, please explain: _____

SCNS Course Title (if new): _____

Decade Title (if new): _____

Century Title (if new): _____

Signature, Faculty Discipline Committee Representative _____ Date _____

PART 4: SCNS STAFF USE ONLY

Signature, SCNS Staff _____	Date Entered _____	Correspondence Number _____
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