

## Council on Academic Affairs Routine Curriculum Change for Consent Agenda (Present changes for only one course per form)

(Check one) <input type="checkbox"/> Course Drop* <input checked="" type="checkbox"/> <b>Course Revision</b> <input type="checkbox"/> Cross-listing Existing Courses <input type="checkbox"/> General Education Course Addition <input type="checkbox"/> Prerequisite or Co-requisite Revision <input type="checkbox"/> Progression or Admissions Revision <input type="checkbox"/> Editorial Change** <small>*Use the Multiple Course Drop Form to drop more than one course at a time          **Editorial Changes need no further approval</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">College</td> <td colspan="2">College of Health Sciences _____</td> </tr> <tr> <td>Department Name</td> <td colspan="2">Exercise and Sport Science _____</td> </tr> <tr> <td>Course Prefix &amp; Number</td> <td colspan="2">ATR 302 _____</td> </tr> <tr> <td>Course Title</td> <td colspan="2">Practicum IV _____</td> </tr> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;"><b>Proposal Approved by:</b></td> <td style="width: 33%;"><b>Date</b></td> <td style="width: 33%;"><b>Date</b></td> </tr> <tr> <td>Departmental Committee</td> <td>9/16/2016</td> <td>Graduate Council _____ NA _____</td> </tr> <tr> <td>College Curriculum Committee</td> <td>10/5/2016</td> <td>Council on Academic Affairs 10/20/16</td> </tr> <tr> <td>General Education Committee</td> <td>NA</td> <td>EFFECTIVE ACADEMIC TERM**</td> </tr> <tr> <td>Teacher Education Committee</td> <td>NA</td> <td>Spring 2017</td> </tr> </table>	College	College of Health Sciences _____		Department Name	Exercise and Sport Science _____		Course Prefix & Number	ATR 302 _____		Course Title	Practicum IV _____		<b>Proposal Approved by:</b>	<b>Date</b>	<b>Date</b>	Departmental Committee	9/16/2016	Graduate Council _____ NA _____	College Curriculum Committee	10/5/2016	Council on Academic Affairs 10/20/16	General Education Committee	NA	EFFECTIVE ACADEMIC TERM**	Teacher Education Committee	NA	Spring 2017
College	College of Health Sciences _____																											
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<b>New or Revised Catalog Text</b> Use <del>strikethroughs</del> to indicate deletions and <u>underlines</u> to indicate additions. <b>ATR 302 Practicum IV. (3) II.</b> Prerequisite: ATR 301. This fourth practicum course provides the student with clinical skill based opportunities within a variety of athletic training settings. Classroom and laboratory sessions are designed to introduce the learner to specific educational competencies and clinical proficiencies. The proficiencies will be practiced and assessed to given specific standards of achievement and linked to courses previously taken. This practicum requires students to complete a minimum of <del>25</del> <u>15</u> hours and a maximum of 35 hours per week as assigned by their preceptor.																												
Credit Hours	Weekly Contact Hours	Repeatable Max. Number of Hours _____	Grading Mode _____																									
	Lecture ___ Laboratory ___ Other <u>15-35</u>	CIP Code (first two digits only) 51___ Class Restriction: FR___SO___JR___SR___	Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u> Thesis ___ Internship ___ Practicum ___ Independent Study ___																									
Schedule Types: _____		Work Load: _____																										

### Corequisites: (List only corequisites. See below for prerequisites and combinations.)

Course Prefixes and Numbers	_____
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**Prerequisites:** List only prerequisites. Use “and” and “or” literally. Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D.

Course Prefixes and Numbers	_____
Test Scores	_____
Minimum GPA (when course grouping or student cumulative GPA is required)	_____

**Corequisite(s) and/or Prerequisite(s) Combination:** Use “and” and “or” literally. Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D.

Course Prefixes and Numbers	_____
Test Scores	_____
Minimum GPA (when course grouping or student cumulative GPA is required)	_____

**Equivalent Course(s):** “Credit will not be awarded to students who have credit for...” or “formerly...”

Course Prefixes and Numbers	_____
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**Proposed General Education Element:** Please mark (X) in the appropriate Element or Elements

Element 1 (9 hrs.)	Element 2 (3 hrs.)	Element 3 (6 hrs.)	Element 4 (6 hrs.)	Element 5 (6 hrs.)	Element 6 (6 hrs.)
1A (3)	2 (3)	3A (3)	4(6)	5A (3)	6 (6)
1B (3)		3B (3)		5B (3)	
1C (3)					

\*\*Effective Academic Term will be confirmed by the Office of the Registrar after all approval is received.