

## 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** *Use the Multiple Course Drop Form to drop more than one course at a time **Editorial Changes need no further approval	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">College</td> <td style="width: 33%;">College of Health Sciences _____</td> <td style="width: 33%;"></td> </tr> <tr> <td>Department Name</td> <td>Exercise and Sport Science _____</td> <td></td> </tr> <tr> <td>Course Prefix &amp; Number</td> <td>ATR 401S _____</td> <td></td> </tr> <tr> <td>Course Title</td> <td>Practicum V _____</td> <td></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>9/16/16 Graduate Council</td> <td>NA</td> </tr> <tr> <td>College Curriculum Committee</td> <td>10/5/2016 Council on Academic Affairs</td> <td>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 401S _____		Course Title	Practicum V _____		<b>Proposal Approved by:</b>	<b>Date</b>	<b>Date</b>	Departmental Committee	9/16/16 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
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**New or Revised Catalog Text**

**ATR 401S Practicum V (3) I.** Prerequisite: ATR 302. This fifth 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. Includes a minimum of 15 service-learning hours. This practicum requires students to complete a minimum of ~~25~~ **15** 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 15-35	CIP Code (first two digits only) 51__	Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u> Thesis ___ Internship ___ Practicum ___ Independent Study ___
		Class Restriction: FR___SO___JR___SR___	
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.