

REQUEST FOR A REVISED CATALOGUE COPY
(New Learning Outcomes, Admissions, or Other Program Policies)

Valdosta State University

Area of Change: Core Senior Graduate

Current Catalogue Page Number: 385-391

Proposed Effective Date for Revised Catalogue Copy: (new or revised) Fall 2013

Degree and Program Name: Bachelor of Science in Athletic Training (B.S.A.T.) Degree, Athletic Training Education Program

Present Requirements: KSPE 2050, KSPE 3200, KSPE 3420, KSPE 3430, KSPE 4300, KSPE 4350, KSPE 4360, KSPE 4400, KSPE 3440, KSPE 3441, KSPE 4440, KSPE 4441, KSPE 4442 (pending), KSPE 4443 (pending), KSPE 4250, KSPE 4450, KSPE 4490, KSPE 3020, KSPE 4600, KSPE 4491, KSPE 4700, KSPE 3500 (pending)

Proposed Requirements: (highlight changes after printing) HSAT 2050, HSAT 3200, HSAT 3420, HSAT 3430, HSAT 4300, HSAT 4350, HSAT 4360, HSAT 4400, HSAT 3440, HSAT 3441, HSAT 4440, HSAT 4441, HSAT 4442, HSAT 4443, HSAT 4250, HSAT 4450, HSAT 4490, HSAT 3020, HSAT 4600, HSAT 4491, HSAT 4700, HSAT 3500

Justification: (select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.)

- Improving Student Learning Outcomes
- Adopting Current Best Practice(s) in Field
- Meeting Mandates of State/Federal/Outside Accrediting Agencies
- Other The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plan for assessing the effectiveness of the change in meeting program's learning outcomes (i.e., how do these changes fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if these changes are meeting stated program outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|---|----------------------|
| Approvals: | |
| Dept. Head: <i>L. Long Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Rajal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Dufft</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:
College of Nursing

Faculty Member Requesting Revision:
Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:
(See course description abbreviations in the catalog for approved prefixes)
KSPE 3020 Assessments in Exercise Physiology

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3020

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 3020

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:
Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. J. Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>A. H. Huff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3200 Nutrition for Health and Human Performance

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3200

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 3200

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

353

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>[Signature]</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Huff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:
College of Nursing

Faculty Member Requesting Revision:
Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3420 Exercise Physiology

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3420

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 3420

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. Long</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>A. Huss</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3440 Athletic Training Clinical Competencies I

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3440

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 3440

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

359

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>Lady Cate</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>AK Nufft</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3441 Athletic Training Clinical Competencies II

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3441

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 3441

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

362

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. A. Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>A. Duff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

364

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3500 (Awaiting approval from Faculty Senate)

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3500

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 3500

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

365

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>Lady Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Alkufft</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

367

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3430 Kinesiology

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3430

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 3430

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. H. Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Pyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Dufft</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 2050 Introduction to Athletic Training

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 2050

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 2050

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|---|----------------------|
| Approvals: | |
| Dept. Head: <i>L. J. Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Pajal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Dufft</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4250 Organization and Administration Strategies in Athletic Training

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4250

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4250

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|---|----------------------|
| Approvals: | |
| Dept. Head: <i>L. L. Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Ayl</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Alt Neufert</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:
College of Nursing

Faculty Member Requesting Revision:
Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4300 Foundation of Injury Prevention and Care

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4300

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4300

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

377

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. A. Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Branda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Huff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4350 Evaluation and Assessment of Upper and Lower Extremities

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4350

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4350

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>Lady Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Hufft</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4360 Evaluation and Assessment of Head, Neck, and Trunk

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4360

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4360

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

383

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>Andy Carter</i> | Date: <i>3-8-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Nugent</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:
College of Nursing

Faculty Member Requesting Revision:
Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4700 Athletic Training Professional Practice Seminar

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4700

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4700

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

386

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>[Signature]</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>[Signature]</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

388

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4600 Athletic Training Ethics and Psychosocial Issues

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4600

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4600

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

389

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. J. Lunte</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Byal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Heffert</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4491 Rehabilitation Techniques in Athletic Training II

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4491

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4491

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. G. Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Pyszal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Skufft</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4490 Rehabilitation Techniques in Athletic Training I

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4490

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4490

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

395

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. A. Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Nusselt</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4450 Sport Related Illnesses and Conditions

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4450

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4450

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>Lady Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Ajal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Huff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4443 (Awaiting approval from Faculty Senate)

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4443

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4443

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>Lady Conte</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Nufft</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4442 (Awaiting approval from Faculty Senate)

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4442

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4442

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|---|----------------------|
| Approvals: | |
| Dept. Head: <i>L. J. Varte</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Rajal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Huffst</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4441

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 2050

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4441

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| Approvals: | |
|--|--|
| Dept. Head: <i>Lady Lante</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Ayal</i> | Date: <i>2/14/13</i> <i>2/13/14</i> |
| Dean/Director: <i>Alshuff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4440 Athletic Training Clinical Competencies III

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4440

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4440

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

410

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | | |
|-------------------------------|---------------------|----------------------|
| Approvals: | | |
| Dept. Head: | <i>L. J. Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: | <i>Brenda Royal</i> | Date: <i>2/14/13</i> |
| Dean/Director: | <i>Al Huff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: | | Date: |
| (for graduate course) | | |
| Graduate Dean: | | Date: |
| (for graduate course) | | |
| Academic Committee: | | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4400 Therapeutic Modalities and Pharmacology in Athletic Training

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4400

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSAT 4400

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| Approvals: | |
|--|----------------------|
| Dept. Head: <i>L. J. Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Huff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED CATALOGUE COPY
(New Learning Outcomes, Admissions, or Other Program Policies)

Valdosta State University

Area of Change: Core Senior Graduate

Current Catalogue Page Number: 385-391

Proposed Effective Date for Revised Catalogue Copy: (new or revised) Fall 2013

Degree and Program Name: Bachelor of Science in Exercise Physiology (B.S.E.P.) Degree, Exercise Physiology Program

Present Requirements: KSPE 3010, KSPE 3011, KSPE 3050, KSPE 3200, KSPE 3020, KSPE 3360, KSPE 3410, KSPE 3420, KSPE 3430, KSPE 3650, KSPE 4210, KSPE 4070, KSPE 4080, KSPE 4040, KSPE 4130, KSPE 4510, KSPE 4550

Proposed Requirements: (highlight changes after printing) HSEP 3010, HSEP 3011, HSEP 3050, HSEP 3200, HSEP 3020, HSEP 3360, HSEP 3410, HSEP 3420, HSEP 3430, HSEP 3650, HSEP 4210, HSEP 4070, HSEP 4080, HSEP 4040, HSEP 4130, HSEP 4510, HSEP 4550

Justification: (select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.)

- Improving Student Learning Outcomes
- Adopting Current Best Practice(s) in Field
- Meeting Mandates of State/Federal/Outside Accrediting Agencies
- Other Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences.

Source of Data to Support Suggested Change:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

416

Plan for assessing the effectiveness of the change in meeting program's learning outcomes (i.e., how do these changes fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if these changes are meeting stated program outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| Approvals: | |
|--|---------------------|
| Department Head: <i>L. Amy White</i> | Date: <i>3-7-13</i> |
| College/Division Exec. Committee: <i>Brenda Dyal</i> | Date: <i>3/7/13</i> |
| Dean(s)/Director(s): <i>A. Huff</i> | Date: <i>3/6/13</i> |
| Graduate Exec. Comm.: (for grad program) | Date: |
| Graduate Dean: (for grad program) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4550 Exercise Physiology Internship

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4550

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 4550

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|---|----------------------|
| Approvals: | |
| Dept. Head: <i>Lady Lato</i> | Date: <i>3-7-13</i> |
| College/Division Exec. Comm.: <i>Brenda Royal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>AK Huff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

421

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:
College of Nursing

Faculty Member Requesting Revision:
Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4510 Exercise Physiology Practicum

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4510

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 4510

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

422

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|---|---------------|
| Approvals: | |
| Dept. Head: <i>[Signature]</i> | Date: 3/7/13 |
| College/Division Exec. Comm.: <i>Brenda Ryzal</i> | Date: 2/14/13 |
| Dean/Director: <i>[Signature]</i> | Date: 2/14/13 |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4130 Exercise Cardiopulmonary Rehabilitation

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4130

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 4130

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

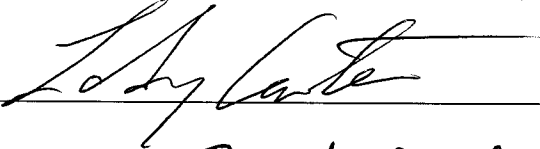
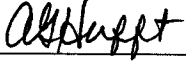
Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

425

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|---------------|
| Approvals: | |
| Dept. Head:  | Date: 3-7-13 |
| College/Division Exec. Comm.: Brenda Dyal | Date: 2/14/13 |
| Dean/Director:  | Date: 2/14/13 |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4080 Exercise Electrocardiography

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4080

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 4080

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|---|---------------|
| Approvals: | |
| Dept. Head: <i>[Signature]</i> | Date: 3-7-13 |
| College/Division Exec. Comm.: <i>Brona Ryal</i> | Date: 2/14/13 |
| Dean/Director: <i>[Signature]</i> | Date: 2/14/13 |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4070 Exercise Cardiopulmonary Physiology

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4070

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 4070

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>Lolly Carter</i> | Date: <i>3-7-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Huff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4210 Clinical Exercise Physiology

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4210

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 4210

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

434

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. Ly Carter</i> | Date: <i>3-7-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>AK Huff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 4040 Pediatric Exercise Physiology

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 4040

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 4040

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

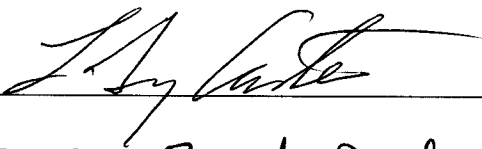
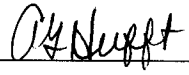
Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

437

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|---------------|
| Approvals: | |
| Dept. Head:  | Date: 3-7-13 |
| College/Division Exec. Comm.: Brenda Deyel | Date: 2/14/13 |
| Dean/Director:  | Date: 2/14/13 |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3650 Resistance and Training Program Development

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3650

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 3650

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

440

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. J. Carter</i> | Date: <i>3-7-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Neff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:
College of Nursing

Faculty Member Requesting Revision:
Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:
(See course description abbreviations in the catalog for approved prefixes)
KSPE 3430 Kinesiology

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3430

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 3430

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:
Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

443

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>Lady Carter</i> | Date: <i>3-7-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>AM Nuytt</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3420 Exercise Physiology

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3420

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 3420

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

446

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>Lady Lante</i> | Date: <i>3-7-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Huffst</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3410 Biomechanics

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3410

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 3410

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

449

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|---|----------------------|
| Approvals: | |
| Dept. Head: <i>L. Day Carter</i> | Date: <i>3-7-13</i> |
| College/Division Exec. Comm.: <i>Brenda Pajal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Huffst</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:
College of Nursing

Faculty Member Requesting Revision:
Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3360 Chronic Disease Epidemiology

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3360

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 3360

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

502

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. Ly Carter</i> | Date: <i>3-7-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Ally Huff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3200 Nutrition for Health and Human Performance

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3200

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 3200

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. Ly Carter</i> | Date: <i>3-7-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Neffert</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3050 Care and Prevention of Exercise-Related Injuries

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3050

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 3050

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

508

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. Ly Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Stuyft</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:
College of Nursing

Faculty Member Requesting Revision:
Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3020 Assessments in Exercise Physiology

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3020

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 3020

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>Lady Cato</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>AKSuff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:
College of Nursing

Faculty Member Requesting Revision:
Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:
(See course description abbreviations in the catalog for approved prefixes)
KSPE 3011 Exercise Testing and Prescription II

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3011

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 3011

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:
Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

- Improving student learning outcomes:
- Adopting current best practice(s) in field:
- Meeting Mandates of State/Federal/Outside Accrediting Agencies:
- Other: The departments of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department

Source of Data to Support Suggested Change:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>Lody Corte</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>Al Huff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010

REQUEST FOR A REVISED COURSE

Valdosta State University

Date of Submission: 02/11/13 (mm/dd/yyyy)

Department Initiating Revision:

College of Nursing

Faculty Member Requesting Revision:

Dr. Anita G. Hufft

Current Course Prefix, Title, & Number:

(See course description abbreviations in the catalog for approved prefixes)

KSPE 3010 Exercise Testing and Prescription I

List Current and Requested Revisions: (only fill in items needing to be changed)

Current:

Course Prefix and Number: KSPE 3010

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Requested:

Course Prefix and Number: HSEP 3010

Credit Hours:

Course Title:

Prerequisites:

Co-requisites:

Course Description:

Semester/Year to be Effective:

Summer 2013

Estimated Frequency of Course Offering:

Indicate if Course will be : Requirement for Major Elective

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

Improving student learning outcomes:

Adopting current best practice(s) in field:

Meeting Mandates of State/Federal/Outside Accrediting Agencies:

Other: The department of Athletic Training and Exercise Physiology are migrating from the College of Education and KSPE Department to the College of Nursing and Health Sciences, Health Sciences Department.

Source of Data to Support Suggested Change:

Indirect measures: SOIs, student, employer, or alumni surveys, etc. N/A

Direct measures: Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

Plans for assessing the effectiveness of the course in meeting the program's learning outcomes (i.e., how does this course fit within the current program assessment plan and what sorts of data will be collected and evaluated to determine if the course is meeting stated program or course outcomes?).

Data Sources:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc. N/A
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.) N/A

| | |
|--|----------------------|
| Approvals: | |
| Dept. Head: <i>L. J. Carter</i> | Date: <i>3-4-13</i> |
| College/Division Exec. Comm.: <i>Brenda Dyal</i> | Date: <i>2/14/13</i> |
| Dean/Director: <i>A. Huff</i> | Date: <i>2/14/13</i> |
| Graduate Exec. Comm.: (for graduate course) | Date: |
| Graduate Dean: (for graduate course) | Date: |
| Academic Committee: | Date: |

Form last updated: January 6, 2010