**Kinesiology Course Approval Request Form**

Return to: Curriculum Coordinator; 555 S. Forest, Ann Arbor, MI 48104

**Action Requested** **Date of Submission:**Click here to enter text.

New Course **Effective Term:**Click here to enter text.

Modification of Existing Course

Deletion of Existing Course

**CURRENT LISTING REQUESTED LISTING**

(check appropriate boxes for changes)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Subject:**  Click here to enter text. | **Catalog Number:**  Click here to enter text. | **Subject:**  Click here to enter text. | **Catalog Number:**  Click here to enter text. |
|  | Course is cross-listed with other departments  Cross-listed Department:Click here to enter text.  Subject:Click here to enter text.  Catalog:Click here to enter text. | | Course is cross-listed with other departments  Cross-listed Department:Click here to enter text.  Subject:Click here to enter text.  Catalog:Click here to enter text. | |
|  | **Full Course Title:**  Click here to enter text. | | **Full Course Title:**  Click here to enter text. | |
|  | **Abbreviated Title** (20 characters):  Click here to enter text. | | **Abbreviated Title** (20 characters):  Click here to enter text. | |
|  | **Course Description** (Please limit to 50 words and attach separate sheet if necessary):  Click here to enter text. | | | |
|  | **Course Credit Type:**  Undergraduate  Rackham Graduate  Undergraduate or Rackham Graduate | | | |
|  | **Full Term Credit Hours**  Undergrad Min: Grad Min:  Undergrad Max: Grad Max: | | **Half Term Credit Hours**  Undergrad Min: Grad Min:  Undergrad Max: Grad Max: | |
|  | **Advisory Prerequisite:**  Click here to enter text. | | | |
|  | **Enforced Prerequisite:**  Click here to enter text.  Minimum grade requirement:Click here to enter text. | | | |
|  | **Repeatability**  Is course repeatable for credit? Yes\_\_\_ No\_\_\_  Maximum repeatable times\_\_\_ Maximum repeatable credits\_\_\_  Can course be taken more than once in the same term? Yes\_\_\_ No\_\_\_ | | | |
|  | **Grading Basis:**  Graded (A-E)  Credit/No Credit  Satisfactory/Unsatisfactory  Pass/Fail | | | |
|  | **Course Components** Which component is graded?  Lecture  Seminar  Recitation  Lab  Discussion  Independent Study | | | |
|  | Will course satisfy distribution requirements?  Humanities Social Science Natural Science | | | |
|  | Will course satisfy other Kinesiology requirements (ie SM upper-level elective)?  Click here to enter text. | | | |
|  | What are your goals for teaching this course?  Click here to enter text. | | | |
|  | Specifically how do you attempt to implement these goals? (i.e., what approach will you take toward you materials, what format will you follow, what will you demand of your students?)  Click here to enter text. | | | |
|  | What kinds of intellectual or scientific skills and abilities will you emphasize in this course?  Click here to enter text. | | | |
|  | What other abilities, perspectives, competencies, etc., will you especially try to strengthen and encourage?  Click here to enter text. | | | |
|  | What kinds of student performance or products will you accept as crucial to making decisions about the degree to which your goals have been achieved?  Click here to enter text. | | | |
|  | Instructor Name:Click here to enter text. Instructor Title:Click here to enter text. | | | |

**Note: A completed course syllabus and reading list must be attached to this form.**

**Approvals**

Faculty Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Curriculum and Instruction Committee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Committee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Committee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_