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| For Academic Affairs and Research Use Only | |
| Proposal Number | EBS20 |
| CIP Code: |  |
| Degree Code: |  |

**New or Modified Course Proposal Form**

**[x] Undergraduate Curriculum Council**

**[ ] Graduate Council**

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| --- |
| **[ ]New Course, [ ]Experimental Course (1-time offering), or [x]Modified Course (Check one box)** |

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

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| Amanda Wheeler Gryffin 9/22/2021 **Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **COPE Chair (if applicable)** |
| Paul Finnicum 9/22/2021 **Department Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Head of Unit (if applicable)** |
| Wayne Wilkinson 10/8/2021  **College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Undergraduate Curriculum Council Chair** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date… **Director of Assessment (new courses only)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Graduate Curriculum Committee Chair** |
| Lance G. Bryant 10/11/2021 **College Dean** | Alan Utter 11/16/2021  **Vice Chancellor for Academic Affairs** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **General Education Committee Chair (if applicable)** |  |

1. **Contact Person (Name, Email Address, Phone Number)**

Veronika Pribyslavska, vpribyslavska@astate.edu, 870-680-8132

1. **Proposed starting term and Bulletin year for new course or modification to take effect**

Fall 2022

**Instructions:**

*Please complete all sections unless otherwise noted. For course modifications, sections with a “Modification requested?” prompt need not be completed if the answer is “No.”*

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|  | **Current (Course Modifications Only)** | **Proposed (New or Modified)**  *(Indicate “N/A” if no modification)* |
| **Prefix** | **ES** | **N/A** |
| **Number\*** | **3623** | **N/A** |
| **Title** | **Techniques of Physiological Fitness Assessment** | N/A |
| **Description\*\*** | Study of graded exercise testing in the evaluation of functional work capacity. Testing modalities will include treadmill, bicycle ergometer, bench or step testing, and field testing. | Theoretical framework and practical experiences in health and fitness assessment techniques in healthy individuals. Assessment of physiological parameters will include health screenings, body composition, cardiorespiratory fitness, musculoskeletal fitness, flexibility, and functional ability. |

***\**** (Confirm with the Registrar’s Office that number chosen has not been used before and is available for use. For variable credit courses, indicate variable range. *Proposed number for experimental course is 9*. )

\*\*Forty words or fewer as it should appear in the Bulletin.

1. **Proposed prerequisites and major restrictions** **[Modification requested? Yes/No]**

(Indicate all prerequisites. If this course is restricted to a specific major, which major. If a student does not have the prerequisites or does not have the appropriate major, the student will not be allowed to register).

1. Yes Are there any prerequisites?
   1. If yes, which ones?

ES 3543 -Human Anatomy and Fundamentals of Motion grade of “C” or better

ES 3553 – Basic Physiology of Activity grade of “C” or better

* 1. Why or why not?

It is important students have a basic understanding of human physiology and movement before taking this course. This concern will be met with the listed prerequisites.

1. No Is this course restricted to a specific major?
   1. If yes, which major? Enter text...
2. **Proposed course frequency [Modification requested? Yes/No]**

(e.g. Fall, Spring, Summer; if irregularly offered, please indicate, “irregular.”) *Not applicable to Graduate courses.*

1. **Proposed course type [Modification requested? Yes/No]**

Will this course be lecture only, lab only, lecture and lab, activity (e.g., physical education), dissertation/thesis, capstone, independent study, internship/practicum, seminar, special topics, or studio? Please choose one.

1. **Proposed grade type [Modification requested? Yes/No]**

What is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])

1. No Is this course dual-listed (undergraduate/graduate)?
2. No Is this course cross-listed?

*(If it is, all course entries must be identical including course descriptions. Submit appropriate documentation for requested changes. It is important to check the course description of an existing course when adding a new cross-listed course.)*

**a.** – If yes, please list the prefix and course number of the cross-listed course.

Enter text...

**b.** – **Yes / No** Can the cross-listed course be used to satisfy the prerequisite or degree requirements this course satisfies?

Enter text...

1. No Is this course in support of a new program?

a. If yes, what program?

Enter text...

1. No Will this course be a one-to-one equivalent to a deleted course or previous version of this course (please check with the Registrar if unsure)?

a. If yes, which course?

Enter text...

**Course Details**

1. **Proposed outline** **[Modification requested? Yes/No]**

(The course outline should be topical by weeks and should be sufficient in detail to allow for judgment of the content of the course.)

1. **Proposed special features** **[Modification requested? Yes/No]**

(e.g. labs, exhibits, site visitations, etc.)

1. **Department staffing and classroom/lab resources**

No

1. Will this require additional faculty, supplies, etc.?

1. No Does this course require course fees?

*If yes: please attach the New Program Tuition and Fees form, which is available from the UCC website.*

**Justification**

**Modification Justification (Course Modifications Only)**

1. Justification for Modification(s)

The current course description does not fully encompass what is covered in the class. The new proposed course description is more descriptive of the material that is covered.

**New Course Justification (New Courses Only)**

1. Justification for course. Must include:

a. Academic rationale and goals for the course (skills or level of knowledge students can be expected to attain)

b. How does the course fit with the mission of the department? If course is mandated by an accrediting or certifying agency, include the directive.

c. Student population served.

d. Rationale for the level of the course (lower, upper, or graduate).

**Assessment**

**Assessment Plan Modifications (Course Modifications Only)**

1. No Do the proposed modifications result in a change to the assessment plan?

*If yes, please complete the Assessment section of the proposal*

**Relationship with Current Program-Level Assessment Process (Course modifications skip this section unless the answer to #18 is “Yes”)**

1. What is/are the intended program-level learning outcome/s for students enrolled in this course? Where will this course fit into an already existing program assessment process?

Enter text...

1. Considering the indicated program-level learning outcome/s (from question #19), please fill out the following table to show how and where this course fits into the program’s continuous improvement assessment process.

*For further assistance, please see the ‘Expanded Instructions’ document available on the UCC - Forms website for guidance, or contact the Office of Assessment at 870-972-2989.*

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| --- | --- |
| **Program-Level Outcome 1 (from question #19)** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Assessment Measure | Please include direct and indirect assessment measure for outcome. |
| Assessment  Timetable | What semesters, and how often, is the outcome assessed? |
| Who is responsible for assessing and reporting on the results? | Who (person, position title, or internal committee) is responsible for assessing, evaluating, and analyzing results, and developing action plans? |

*(Repeat if this new course will support additional program-level outcomes)*

**Course-Level Outcomes**

1. What are the course-level outcomes for students enrolled in this course and the associated assessment measures?

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| **Outcome 1** |  |
| Which learning activities are responsible for this outcome? |  |
| Assessment Measure |  |
|  |  |
| **Outcome 2** |  |
| Which learning activities are responsible for this outcome? |  |
| Assessment Measure |  |
|  |  |
| **Outcome 3** | . |
| Which learning activities are responsible for this outcome? |  |
| Assessment Measure |  |

**Bulletin Changes**

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| **Instructions** |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Please include a before (with changed areas highlighted) and after of all affected sections.**  **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.** |

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ES 3623. Techniques of Physiological Fitness Assessment Study of graded exercise testing in the evaluation of functional work capacity. Testing modalities will include, treadmill, bicycle ergometer, bench or step testing, and field testing. Prerequisites, grade of “C” or better in ES 3543 and ES 3553. Fall, Spring.

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ES 3623. Techniques of Physiological Fitness Assessment Theoretical framework and practical experiences in health and fitness assessment techniques in healthy individuals. Assessment of physiological parameters will include health screenings, body composition, cardiorespiratory fitness, musculoskeletal fitness, and functional ability. Prerequisites, grade of “C” or better in ES 3543 and ES 3553. Fall, Spring.