

UC 10637 09F

CBM003 ADD/CHANGE FORM

APPROVED FEB 24 2010

Undergraduate Council
 New Course Course Change
 Core Category: _____ Effective Fall 2010

or

Graduate/Professional Studies Council
 New Course Course Change
 Effective Fall _____

RECEIVED OCT 16 2009

1. Department: Health and Human Performannce College: EDUC
2. Faculty Contact Person: Dr. Richard Simpson Telephone: 93270 Email: rsimpson@mail.coe.uh.edu
3. Course Information on New/Revised course:
 - Instructional Area / Course Number / Long Course Title:
KIN / 4370 / Exercise Testing
 - Instructional Area / Course Number / Short Course Title (30 characters max.)
KIN / 4370 / EXERCISE TESTING
 - SCH: 3.00 Level: SR CIP Code: 31.0501.10 02 Lect Hrs: 3 Lab Hrs: 0
4. Justification for adding/changing course: **To reflect change in prerequisite course**
5. Was the proposed/revised course previously offered as a special topics course? Yes No
 If Yes, please complete:
 - Instructional Area / Course Number / Long Course Title:
____ / ____ / ____
 - Course ID: _____ Effective Date (currently active row): _____
6. Authorized Degree Program(s): B.S. Kinesiosology: Exercise Science, B.S. Kinesiology Wellness/Fitness
 - Does this course affect major/minor requirements in the College/Department? Yes No
 - Does this course affect major/minor requirements in other Colleges/Departments? Yes No
 - Can the course be repeated for credit? Yes No (if yes, include in course description)
7. Grade Option: Letter (A, B, C ...) Instruction Type: lecture ONLY (Note: Lect/Lab info. must match item 3, above.)
8. If this form involves a change to an existing course, please obtain the following information from the course inventory: Instructional Area / Course Number / Long Course Title
KIN / 4370 / Exercise Testing
 - Course ID: 29038 Effective Date (currently active row): 8191996
9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
Cr: 3. (3-0). Prerequisites: KIN 1252, 3306, and 4310. Description (30 words max.): Laboratory and field testing procedures for use in exercise assessment and prescription.
10. Dean's Signature: [Signature] Date: 10/15/09
 Print/Type Name: Dr. Robert Wimpelberg

ORIGINAL