

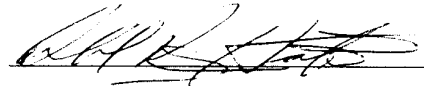
**Course Revision**

Originator: **Brenda Sabey**  
 Department: **Education**  
 Replacement Course ID:

1. Course Title: **Methods in Healthy Lifestyles and Physical Education Practicum** Prefix & Num. **ELED 3505**
2. Pre-requisite(s): **Acceptance into ELED program** Co- Instructor permission required: **No**  
 requisite(s): **ELED 3500**  
 Class Hours/Week: \*LEC: **0.00** \*LBC w/cr: **0.00** \*LNC w/no cr: **0.00** Credits: **0.00**  
 Clinical: **0.00** Practicum: **0.00** Independent Study: **0.00**
3. Semester to be Implemented: **Spring, 2009** Day  Extended Day  Grade type **Regular**
4. Cost Code: Lab Fee: **\$0.00** Additional Fees: **\$0.00** Potential WLF: **0.00**  
 Explanation of Fees:
5. Is this course designed for a specific group? **Yes** Who? **Elementary Education Students**
6. Catalog Description:  Now in Print, or  Proposed Below:  
**Practicum course to be taken concurrently with ELED 3500.**
7. Course justification (attach sheets if needed):  
**Change in name and description of lecture class.**
8. Are library resources adequate to support this change? **Yes** If not, how are those resources to be acquired?
9. Are technical and other resources available? **Yes** If not, how are those resources to be acquired?
10. Relationship to the curriculum: Would the course fill a G.E. requirement? **No** If yes, which G.E. area? **If**  
 it does not fill a G.E. requirement, would the course offer elective credit? **No**
11. Transferability of the course: List comparable courses at other colleges and universities:

G.E.	Elective	Course Title	Credits	Prefix & Num.	Institution
<input type="checkbox"/>	<input type="checkbox"/>				None . . .
<input type="checkbox"/>	<input type="checkbox"/>				None . . .
<input type="checkbox"/>	<input type="checkbox"/>				None . . .

**Approval Signatures:**

Dean: 

Date: 4/7/08

Academic VP: \_\_\_\_\_

Date: \_\_\_\_\_