

## PROGRAM COMPONENT (Group B) OR NON-SUBSTANTIVE MINOR REQUEST FORM Short Form

**Instructions:** Please use one form for each request/action. Clearly mark all changes using Track Change or strikethroughs for deletions and underlines for additions. Following the approval of the appropriate college curriculum committee, a single representative for the college will e-mail the completed form to the Office of the Provost and Executive Vice President, [provost@uidaho.edu](mailto:provost@uidaho.edu) for approval and then submission to the Academic Publications Editor in the Registrar's Office for review by the University Curriculum Committee (UCC).

**Deadline:** This form must be submitted to the Office of the Provost and Executive Vice President by December 15<sup>th</sup> for inclusion in the next available General Catalog and to be available for scheduling beginning with the next summer session.

**When applicable a Curriculum Change Form and Course Approval Forms must accompany the short form when submitted to [provost@uidaho.edu](mailto:provost@uidaho.edu)**

### Submission Information

This section must be completed

College:	Education		
Department/Unit:	Movement Sciences		
Dept/Unit Approval Date:	August 30, 2017	Vote Record:	
College Approval Date:	September 29, 2017	Vote Record:	
CIP code (Consult Institutional Research):	1. Pre-Physical Therapy	CIP Code: 26.0908	
	2. Fitness, Health, and Human Performance	CIP Code: 26.0908	
	3. Pre-Athletic Training	CIP Code: 31.0505	
	4. Physical Education Teacher Education	CIP Code: 13.1314	
Primary Point of Contact (Name and Email):	Philip Scruggs, <a href="mailto:pwscruggs@uidaho.edu">pwscruggs@uidaho.edu</a>		

### Rationale and Overview of Program Component Request or Name Change

This section must be completed

Provide the rationale and overview of this request. Include an explanation of how the department will manage the added workload for a new program component; describe whether the program component curriculum and admissions requirements remain the same; describe the rationale for a name change or degree designation change if applicable.

The BS Exercise Science and Health currently has four emphasis areas (Pre-Physical Therapy; Pre-Athletic Training; Fitness, Health, and Human Performance; Physical Education Teacher Certification) and we are concurrently requesting a fifth emphasis area in a separate application. Currently, the emphasis areas are not transcribed. Therefore to simplify the advising process and make the degree audits simpler for students to understand, we would like to transcribe the tracks.

### Name or Degree Change Only Requests

Leave blank if not making a name and/or degree change only request

This section to be completed **ONLY** for changes to the name of: degree, major, minor, option, emphasis, certificate, teaching endorsement. If there are accompanying curriculum or course changes, complete the next section and attach the curriculum and/or course forms. **\*\*Note:** a substantive change to a program degree, major, or program component may require a program proposal form.

Current Name:	Exercise Science and Health
New Name:	
Current Degree:	

New Degree:	
Other Details:	
Effective Date:	

**Program Component Request**

Leave blank if not adding, discontinuing, or modifying a program component. Program components consist of option, emphasis, minor, academic certificate less than 30 credits, or teaching endorsement

Clearly mark all changes to existing program components by using Track Change or strikethroughs for deletions and underlines for additions. A curriculum change form and/or course approval forms associated with this request are required to be submitted with this short form.

Create New:		Modify:	<input checked="" type="checkbox"/>	Discontinue:		Implementation Date:	
Graduate Level:		Undergraduate Level:	<input checked="" type="checkbox"/>	Law Level:		Credit Requirement:	
Are new courses being created:	No	<input checked="" type="checkbox"/>	Yes	If yes, how many courses will be created:			

If the request is for an option or emphasis enter the associated major and degree:

Major:	Exercise Science and Health	Degree:	BS ESH
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Enter the name of the program component in the appropriate row:

Option:	
Emphasis:	Pre-Physical Therapy; Fitness, Health, and Human Performance; Pre-Athletic Training; Physical Education Teacher Certification; Community Health Education and Promotion (Proposed)
Minor:	
Academic Certificate less than 30 credits:	
Teaching Endorsement (Major/Minor):	

**Learning Outcomes and Assessment Information**

This section must be completed if program component request section is completed

1.	List the intended learning outcomes for the program component, using learner centered statements that indicate what will students know, be able to do, and value or appreciate as a result of completing the program:  Learning outcome #1: To understand the biological, sociological, and psychological contributions and consequences of health and exercise behavior. Learning outcome #2: To be able to critically evaluate current trends, information, sources, and research related to exercise science and health. Learning outcome #3: To be able to integrate and apply knowledge, skills, and critical thinking to (assess and plan for) individual and community exercise, health, and wellness. Learning outcome #4: To demonstrate personal growth and professional development.
2.	Describe the assessment process that will be used to evaluate how well students are achieving the intended learning outcomes of the program component:  1. Course assessments will evaluate have students will achieve the intended learning outcomes from; a) lecture exams and quizzes, b) journal reflections, c) laboratory assignments, d) research projects and presentations, e) project assessment assignments. 2. As a program capstone, students will complete and internship experience that is assessed by; a) journal reflections, b) supervisor evaluations, and c) project. 3. A program assessment survey completed by <u>graduating</u> students.
3.	How will you ensure that the assessment findings will be used to improve the program? 1. ESH faculty meet multiple times per year to discuss assessment results and implement changes if necessary.
4.	What direct and indirect measures will be used to assess student learning?

<p>1. Direct measures include: a) Lecture quizzes and exams, b) laboratory assignments, c) journal logs and reflections, d) course objective evaluations, e) group research projects and presentations, f) health assessment assignments</p> <p>2. Indirect measures include : a) UI student evaluations, b) graduating student survey</p>
<p>5. When will assessment activities occur and at what frequency?</p> <p>1. Direct measures will be conducted every semester in each class.</p> <p>2. Indirect measures will be conducted every semester.</p>

**Financial Impact**

This section must be completed if program component request section is completed

Greater than \$250,000 per FY:	Less than \$250,000 per FY:	<input checked="" type="checkbox"/>
Brief Description of financial impact:	Limited financial program impact as we are simply requesting transcription of the degree.	

**Distance Education Availability**

This section must be completed if program component request section is completed

To comply with the requirements of the Idaho State Board of Education (SBOE) and the Northwest Commission on Colleges and Universities (NWCCU) the University of Idaho must declare whether 50% or more of the curricular requirements of a program may be completed via distance education. **If the program component is to be offered via distance education, additional or different formwork may be required.** Contact [provost@uidaho.edu](mailto:provost@uidaho.edu) for assistance.

The U.S. Department of Education defines distance education as follows:

*Distance education means education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include--*

- (1) *The internet;*
- (2) *One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;*
- (3) *Audio conferencing; or*
- (4) *Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3).*

Can 50% or more of the curricular requirements of this program component be completed via distance education?	Yes*	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
*If Yes, can 100% of the curricular requirements of this program component be completed via distance education?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

**Geographical Area Availability**

This section must be completed if program component request section is completed

Identify the geographical area(s) this program component can be completed in:

Moscow	<input checked="" type="checkbox"/>
Coeur d'Alene	<input type="checkbox"/>
Boise*	<input type="checkbox"/>

Idaho Falls*			
Other**		Location(s):	

\*Note: Programs offered in regions 3, 4, and/or 5 may require additional formwork from the State Board of Education. Contact the Office of the Provost and Executive Vice President for additional information.

\*\*Note: If Other is selected identify the specific area(s) this program component will be offered.

**Office of the Registrar Information**

Implementation Effective Date:			
Date Received by the Office of the Provost and Executive Vice President:			
Date Received by Budget Office, if applicable:			
Date Received by Institutional Research and Assessment:			
Date Received by UCC Secretary:			
UCC Item Number:			
UCC Approval Date:		Vote Record:	
Faculty Senate Item Number:			
Faculty Senate Approval Date:		Vote Record:	
General Policy Report Number or Faculty Meeting Date:			
Office of the President Approval Date:			
State Board of Education Approval/Acknowledgement Date:			