WINONA STATE UNIVERSITY NOTIFICATIONS

| | Department | Health, Exercis | se & Rehabilitative Sciences | <u>s</u> | Date 8/22/13 | | |
|---|--|-------------------------------|--------------------------------------|--------------------------|--|--------------------------|--|
| | If the proposed curricular change involves existing courses and is considered a Notification, complete and submit this form. Refer to Regulation 3-4, <i>Policy for Changing the Curriculum</i> , for complete information on submitting proposals for curricular changes. | | | | | | |
| - | lease check type of change(s): Reduction in course number Change in course title Change in course description* Change in prerequisites Change in course number within level, e.g. 310 to 350 Change in delivery method | | | | | | |
| A. Current Course Information | | | | | | | |
| - | HERS 380 Course No. | <u>Laboratory Me</u> Cours | thods in Exercise Science e Title | | | 3 SH Credits | |
| 7 | Γhis proposal is f | for a(n) X | Undergraduate Course | | Graduate Cour | se | |
| F | Applies to | X Major X | Required Elective Minor | _ Required _ Elective | | | |
| F | Prerequisites HERS 235 - Professional Issues in Exercise Science, HERS 340 - Physiology of Exercise and STAT 110 - Fundamentals of Statistics or STAT 210 - Statistics | | | | | | |
| (| Grading X Grade only P/NC only Grade and P/NC Option | | | | | | |
| Frequency of offering <u>Each semester</u> | | | | | | | |
| Proposed Course Information. (Please indicate only proposed changes below.) | | | | | | | |
| 0 | Course No. | Course | e Title | | | Credits | |
| Prerequisites HERS 280 – Foundations of Exercise Science, HERS 340 - Physiology of Exercise and STAT 110 - Fundamentals of Statistics or STAT 210 - Statistics | | | | | | | |
| C | Grading | | _ Grade only | P/NC | only | Grade and P/NC Option | |
| Frequency of offering Effective date (normally the next semester) Spring 2014 | | | | | | | |
| B. *If the proposal requests a change in the course description, please attach a description of the change requested and list both the current and proposed course description. If the proposal requests a change in an existing major, minor, option, concentration, etc., please attach a description of the change(s) requested and list both the current and proposed program listings. | | | | | | | |
| Approved by the Department | | | Department Chair | _ | | 9/20/13 Date | |
| | | | BZeller@ e-mail address | winona.ea | fu | | |
| Notification to the College Dean | | | YesNo Dean of College | 1921 | Z_ X) 1 | 9/23/3 Date | |
| Presented at A2C2 meeting on | | | | Chair of A2C2 | WC | | |
| Presented at Graduate Council meeting on (if applicable) Date Chair of Graduate Council | | | | | | | |
| Submitted to Registrar on | | | 10/10/13 | | | nt chair via e-mail that | |
| *If a dean has comments on a notification, the dean shall forward the comments to the department. [Revised 7-13-11] | | | | | | | |
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