Texas A&M University
artmental Request for a Change in Course
ndergraduate • Graduate • Professional

Submit original form and attachments

Health and Kinesiology

1. This request is submitted by the Department of

2. Course prefix, number and complete title of course:

3. Change requested

   a. Prerequisite(s): From:

   b. Withdrawal (reason): Safety Education program no longer exists in the Department of Health and Kinesiology or at Texas A&M. Program closed 5 years ago

   c. Cross-list with:

   

   Cross-listed courses require the signature of both department heads.

   d. Change in course title and description. Enter complete current course title and current course description in item 4; enter proposed course title and proposed course description in item 5.

   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 6. Attach a course syllabus.

4. Complete current course title and current course description:

5. Complete proposed course title and proposed course description (not to exceed 50 words):

6. a. As currently in course inventory:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Title (excluding punctuation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAED</td>
<td>6 9 1</td>
<td>RESEARCH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lec.</th>
<th>Lab</th>
<th>SCH</th>
<th>CIP and Fund Code</th>
<th>Admin. Unit</th>
<th>ECE Code</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>00</td>
<td>004</td>
<td>000</td>
<td>14 02</td>
<td>0 0 3 6 3 2</td>
<td>6</td>
</tr>
</tbody>
</table>

   b. Change to:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Title (excluding punctuation)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Lec.</th>
<th>Lab</th>
<th>SCH</th>
<th>CIP and Fund Code</th>
<th>Admin. Unit</th>
<th>Acad. Year</th>
<th>FCE Code</th>
</tr>
</thead>
</table>

   Approval recommended by:

   Head of Department

   Date

   Head of Department (if cross-listed course)

   Date

   Submitted to Coordinating Board by:

   Associate Director, Curricular Services

   Date

   Effective Date

   Questions regarding this form should be directed to Sandra Williams at 845-8201.

   Curricular Services – 11/07

   1 of 1 B32