UNIVERSITY CURRICULUM COMMITTEE
University Hall 282
Minutes, October 18, 2017

PRESENT: Kathryn Craven, Jose da Cruz, Katrina Embrey, Felix Hamza-Lup, Todd Hizer, John Hobe, Rick McGrath, Andi Beth Mincer, Jared Schlieper, Pamela Sears, Julie Swanstrom, Rebecca Wells, Phyllis Fulton (Catalog Editor)

GUESTS: Donna Brooks, Delana Gajdosik-Nivens, Sandy Streater, Teresa Winterhalter

CALL TO ORDER. The meeting was called to order at 3:06 p.m. by Dr. Rick McGrath.

ITEMS

A. Waters College of Health Professions.........Refer to Curriculum Site for details

The committee approved the following items, with one comment:

- Nutrition and Food Science, B.S. (Emphasis in Community Nutrition) requires PUBH 4134, a class that has a co-requisite not required in the program of study (PUBH 4132).

Department of Health Sciences and Kinesiology
Program(s) – Revisions
Athletic Training, B.S.AT.
Exercise Science, B.S.K.
Sport Management, B.S.
Nutrition and Food Science, B.S. (Emphasis in Community Nutrition)
Nutrition and Food Science, B.S. (Emphasis in Dietetics)
Nutrition and Food Science, B.S. (Emphasis in Food Science/Food Systems Administration)

Course Prefix(es) – No Revisions
HLTH
KINS
NTFS
SMGT

Course Inactivations
NTFS 2535H
HLTH 3133S
B. Jiann-Ping Hsu College of Public Health……Refer to Curriculum Site for details

The committee approved the following items:

**Department of Community Health**
*Program(s) – Revisions*
Health Education and Promotion, B.S.P.H. (Emphasis in Health Education and Promotion)
Health Education and Promotion, B.S.P.H. (Emphasis in Global Health)

*Course Prefix(es) – Revisions/Inactivations*
PUBH

**Department of Epidemiology and Environmental Health Sciences**
*Course Prefix(es) – No Revisions*
PUBH

**Department of Health Policy and Management**
*Course Prefix(es) – No Revisions*
PUBH

**Department of Public Health, General**
*Course Prefix(es) – Revisions*
PUBH

C. College of Science and Mathematics…………….Refer to Curriculum Site for details

The committee approved the following items, with one comment:

- Regarding the Physics and Astronomy B.A. and the Physics B.S.: The Board of Regents states that students majoring in physics may be required to take pre-calculus in Area A and calculus in Area D if not taken in Area A. Refer to BOR website for details.

**Department of Military Science**
*Program(s) – Revisions*
Military Science Non-Degree
Military Science Minor Course Prefix(es) – Revisions/New/Inactivations MSCI

**Department of Physics and Astronomy**
*Program(s) – Revisions*
Physics and Astronomy, B.A.
Physics, B.S.
Physics Minor
Course Prefix(es) – Revisions/Inactivations
ASTR
PHSC
PHYS

ADJOURNMENT. The meeting was adjourned at 4:45 p.m.

Submitted by Phyllis Fulton
Program Approval Signature Form

New/Revised/Inactivated Program
Current Program Title: Athletic Training
Proposed Program Title: N/A
College: Waters College of Health Professions
Department: Health Sciences and Kinesiology
CIP Code: 510913

Approval Signatures
☑ Recommend    Chairperson, College Curriculum Committee  10/4/17
☐ Not Recommend

☑ Recommend    College Dean 10-5-17
☐ Not Recommend

☐ Recommend    Chairperson, Senate Undergraduate/Graduate Committee
☐ Not Recommend

☐ Recommend    Provost/Vice President for Academic Affairs (Final sign-off)
☐ Not Recommend

* Consultation between appropriate chairpersons and deans MUST occur if this item impacts another unit before final approval.
Program Approval Signature Form

New/Revised/Inactivated Program
Current Program Title: Exercise Science
Proposed Program Title: N/A
College: Waters College of Health Professions
Department: Health Sciences and Kinesiology
CIP Code: 310505

Approval Signatures

☑ Recommend
☐ Not Recommend
Chairperson, College Curriculum Committee
Date 10/4/17

☐ Recommend
☐ Not Recommend
College Dean
Date 10/5/17

☐ Recommend
☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee
Date

☐ Recommend
☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off)
Date

* Consultation between appropriate chairpersons and deans MUST occur if this item impacts another unit before final approval.
Program Approval Signature Form

New/Revised/Inactivated Program
Current Program Title: Nutrition and Food Science
Proposed Program Title: N/A
College: Waters College of Health Professions
Department: Health Sciences and Kinesiology
CIP Code: 190501

Approval Signatures

☑ Recommend
☐ Not Recommend
Chairperson, College Curriculum Committee
Date: 10/4/17

☐ Recommend
☐ Not Recommend
College Dean
Date: 10/5/17

☐ Recommend
☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee
Date:

☐ Recommend
☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off)
Date:

* Consultation between appropriate chairpersons and deans MUST occur if this item impacts another unit before final approval.
New/Revised/Inactivated Program
Current Program Title: Sports Management
Proposed Program Title: N/A
College: Waters College of Health Professions
Department: Health Sciences and Kinesiology
CIP Code: 310504

Approval Signatures
☑ Recommend
☐ Not Recommend
Chairperson, College Curriculum Committee
Date: 10/4/17

☑ Recommend
☐ Not Recommend
College Dean
Date: 10-5-17

☐ Recommend
☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee
Date: 

☐ Recommend
☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off)
Date: 

* Consultation between appropriate chairpersons and deans MUST occur if this item impacts another unit before final approval.
Course Approval Signature Form

College and Department: Health Professions and Health Sciences and Kinesiology
Course Subjects included: HLTH

Approval Signatures

☑ Recommend
☐ Not Recommend
Chairperson, College Curriculum Committee
Date 9/24/17

☑ Recommend
☐ Not Recommend
College Dean
Date 9/24/17

☐ Recommend
☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee
Date

☑ Recommend
☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off)
Date
Course Approval Signature Form

College and Department: Health Professions and Health Sciences and Kinesiology
Course Subjects included: KINS

Approval Signatures

☑ Recommend
☐ Not Recommend
Chairperson, College Curriculum Committee
Date 9/29/17

☐ Recommend
☐ Not Recommend
College Dean
Date 9/29/17

☐ Recommend
☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee
Date

☐ Recommend
☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off)
Date
College and Department: Health Professions and Health Sciences and Kinesiology
Course Subjects included: NTES

Approval Signatures

☐ Recommend
☒ Not Recommend
Chairperson, College Curriculum Committee
Date

☐ Recommend
☒ Not Recommend
College Dean
Date

☐ Recommend
☒ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee
Date

☐ Recommend
☒ Not Recommend
Provost/Vice President for Academic Affairs *(Final sign-off)*
Date
Course Approval Signature Form

College and Department: Health Professions and Health Sciences and Kinesiology
Course Subjects included: SMGT

Approval Signatures

☒ Recommend ☐ Not Recommend Chairperson, College Curriculum Committee 9/29/17

☒ Recommend ☐ Not Recommend College Dean 9/29/17

☒ Recommend ☐ Not Recommend Chairperson, Senate Undergraduate/Graduate Committee Date

☒ Recommend ☐ Not Recommend Provost/Vice President for Academic Affairs (Final sign-off) Date
Program Approval Signature Form

New/Revised/Inactivated Program

Current Program Title:

Proposed Program Title:

College:

Department:

CIP Code:

Health Education and Promotion, B.S.P.H.

JPHCOPH

Community Health

512207

Approval Signatures

☐ Recommend
☐ Not Recommend

Chairperson, College Curriculum Committee

Date

☐ Recommend
☐ Not Recommend

College Dean

Date

☐ Recommend
☐ Not Recommend

Chairperson, Senate Undergraduate/Graduate Committee

Date

☐ Recommend
☐ Not Recommend

Provost/Vice President for Academic Affairs (Final sign-off)

Date

* Consultation between appropriate chairpersons and deans MUST occur if this item impacts another unit before final approval.
Program Approval Signature Form

New/Revised/Inactivated Program
Current Program Title: Health Education and Promotion, B.S.P.H.
Proposed Program Title: JPHCOPH
College: Community Health
Department: 512207
CIP Code:

Approval Signatures
☐ Recommend  ☑ Not Recommend
Chairperson, College Curriculum Committee

☐ Recommend  ☐ Not Recommend
College Dean

☐ Recommend  ☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee

☐ Recommend  ☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off)

* Consultation between appropriate chairpersons and deans MUST occur if this item impacts another unit before final approval.
Course Approval Signature Form

College and Department: JPHCOPH, Community Health
Course Subjects included: 

Approval Signatures

☐ Recommend
☐ Not Recommend
Chairperson, College Curriculum Committee
Date

☐ Recommend
☐ Not Recommend
College Dean
Date

☐ Recommend
☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee
Date

☐ Recommend
☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off)
Date

Revised – 8/18/17
Course Approval Signature Form

College and Department: JPHCOPH, Epidemiology and Environmental Health Sciences
Course Subjects included:

Approval Signatures

☐ Recommend
☐ Not Recommend
Chairperson, College Curriculum Committee
Date

☐ Recommend
☐ Not Recommend
College Dean
Date

☐ Recommend
☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee
Date

☐ Recommend
☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off)
Date
Course Approval Signature Form

College and Department: JPHCOPH, Health Policy and Management

Course Subjects included: _____

Approval Signatures

☐ Recommend
☐ Not Recommend
Chairperson, College Curriculum Committee
Date

☐ Recommend
☐ Not Recommend
College Dean
Date

☐ Recommend
☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee
Date

☐ Recommend
☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off)
Date
Course Approval Signature Form

College and Department: JPHCOPH, Public Health (General)

Course Subjects included:

Approval Signatures

☐ Recommend
☐ Not Recommend
Chairperson, College Curriculum Committee

☐ Recommend
☐ Not Recommend
College Dean

☐ Recommend
☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee

☐ Recommend
☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off)
Program Approval Signature Form

New/Revised/Inactivated Program
Current Program Title: Military Science Non-Degree
Proposed Program Title: Science and Mathematics
College: Military Science
Department: 280201
CIP Code:

Approval Signatures
☐ Recommend
☐ Not Recommend
Chairperson, College Curriculum Committee Date

☑ Recommend
☐ Not Recommend
College Dean Date

☐ Recommend
☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee Date

☐ Recommend
☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off) Date

* Consultation between appropriate chairpersons and deans MUST occur if this item impacts another unit before final approval.
New/Revised/Inactivated Program

Current Program Title: Military Science Minor
Proposed Program Title: Science and Mathematics
College: Military Science
Department: 280301
CIP Code:

Approval Signatures

☐ Recommend
☐ Not Recommend
Chairperson, College Curriculum Committee
Date

☒ Recommend
☐ Not Recommend
College Dean
Date

☐ Recommend
☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee
Date

☐ Recommend
☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off)
Date

* Consultation between appropriate chairpersons and deans MUST occur if this item impacts another unit before final approval.
Program Approval Signature Form

New/Revised/Inactivated Program
Current Program Title: Physics and Astronomy BA
Proposed Program Title: Science & Mathematics
College: Physics & Astronomy
Department: 400801
CIP Code:

Approval Signatures
☒ Recommend  ☐ Not Recommend  Chairperson, College Curriculum Committee  Date  10/3/17
☒ Recommend  ☐ Not Recommend  College Dean  Date  10/8/17
☐ Recommend  ☐ Not Recommend  Chairperson, Senate Undergraduate/Graduate Committee  Date
☐ Recommend  ☐ Not Recommend  Provost/Vice President for Academic Affairs (Final sign-off)  Date

* Consultation between appropriate chairpersons and deans MUST occur if this item impacts another unit before final approval.
Program Approval Signature Form

New/Revised/Inactivated Program
Current Program Title: Physics BS
Proposed Program Title: Science & Mathematics
College: Physics & Astronomy
Department: 400801
CIP Code:

Approval Signatures

☒ Recommend
☐ Not Recommend
Chairperson, College Curriculum Committee
Date

☒ Recommend
☐ Not Recommend
College Dean
Date

☐ Recommend
☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee
Date

☐ Recommend
☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off)
Date

* Consultation between appropriate chairpersons and deans MUST occur if this item impacts another unit before final approval.
Program Approval Signature Form

New/Revised/Inactivated Program
Current Program Title: Physics Minor
Proposed Program Title: Science & Mathematics
College: Physics & Astronomy
Department: 400801
CIP Code:

Approval Signatures
☑ Recommend
☐ Not Recommend
Chairperson, College Curriculum Committee 10/3/17
☐ Recommend
☐ Not Recommend
College Dean 10/9/17
☐ Recommend
☐ Not Recommend
Chairperson, Senate Undergraduate/Graduate Committee
☐ Recommend
☐ Not Recommend
Provost/Vice President for Academic Affairs (Final sign-off) Date

* Consultation between appropriate chairpersons and deans MUST occur if this item impacts another unit before final approval.
Course Approval Signature Form

College and Department:
Science & Mathematics, Military Science Department
MSCI, MILS

Course Subjects included:

Approval Signatures

☐ Recommend
☒ Not Recommend

[Signature]
Chairperson, College Curriculum Committee
10/9/17

☐ Recommend
☒ Not Recommend

[Signature]
College Dean
10/9/17

☐ Recommend
☒ Not Recommend

[Signature]
Chairperson, Senate Undergraduate/Graduate Committee
Date

☐ Recommend
☒ Not Recommend

[Signature]
Provost/Vice President for Academic Affairs (Final sign-off)
Date
# Course Approval Signature Form

**College and Department:** Science & Mathematics, Dept. of Physics and Astronomy

**Course Subjects included:** ASTR/PHYS Undergraduate Courses

## Approval Signatures

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