PORTERVILLE COLLEGE
CURRICULUM PROGRAM REVIEW UPDATE

Name of Division: Kinesiology Contact Person: Bret Davis/Pam kelley

[Note: The information in this area will repeat on all pages.]

Please submit this form to the Curriculum Committee **before** adding the course to eLumen when proposing a new Course or a new Program. Once the form is received, the course and/or program will be added as a discussion items at the next available Curriculum Committee meeting.

Please include this form as an attachment when submitting the course for final evaluation in eLumen.

All new Courses/Programs must be directly tied to the Institutional Goals, Strategic Plan, Educational Master Plan, General Education Outcomes, and Institutional Outcomes as appropriate through the Division Program Review.

Is this new Course/Program addressed in your current Program Review: YES ☐ NO ☑

If YES, please attach the appropriate sections.

If NO, please complete the attached New Course/Program documents.

PORTERVILLE COLLEGE

CURRICULUM COMMITTEE

COURSE ADDITION

The items enumerated below are to assist you in filling out the Course Addition Form. Short descriptions and examples have been given to guide you in completing this form

ATTACH COURSE OUTLINE (DRAFT)

1. **INITIATED BY** Bret Davis/Pam Kelly (Instructor) | Kinesiology (Division) | Kinesiology (Department)

2. **Subject** KIN **Number** Kin P 201 **Title** Fitness Walking and Jogging

   Units 1 **Lecture Hours** **Lab Hours** 54

   Computer Assisted Instruction **Distance Learning** Yes

3. **CONTENT REVIEW**
   If a prerequisite, corequisite or recommended preparation is listed below, content review forms (entrance, exit and/or corequisite) must be included with this proposal. Forms are available on the web under the Curriculum Committee tab. **ALL INFORMATION BELOW MUST BE IDENTICAL ON THE ATTACHED COURSE OUTLINE.**

   Prerequisite: None

   Corequisite:

   Other Recommended Preparation (Advisory):

4. **CATALOG DESCRIPTION**
   Provide a draft of the course description as you wish it to appear in the catalog. **This must match the attached course outline.**

The course is designed to build cardio-respiratory stamina and endurance, attack excessive weight, relieve psychological tension, and enhance one's sense of well being, using a definitive and strenuous walking and jogging plan. This fitness program will consists of activity alternating from slow walking and progressing to jogging at a vigorous pace. Note: U.C. campuses give a maximum of four semester units of credit for Kinesiology activity units.

5. **REASON FOR ADDITION**
Provide a concise statement as to why the course is being added. Be clear regarding the evidence of need for the addition of this course (e.g., articulation with other colleges/universities, student demand, recommendation from advisory committee or external accreditation review, campus program review).

As a academic discipline, Kinesiology involves the study of physical activity and its impact on health and quality of life. This course will increase the offerings in the Kinesiology by adding a additional movement base class. Movement base courses are required in the major. This course will increase the varity of offering for students.

6. **DESCRIBE ANY FISCAL IMPACT THIS ADDITION WILL HAVE ON THE DEPARTMENT, COLLEGE AND/OR DISTRICT:** Address significant changes in staffing, facilities, equipment, supplies, learning resources or state reimbursement (e.g. loss of eligibility for basic skills, matriculation, and/or other categorical funding). Example: Adding a component of computer assisted instruction to a class could mean a change in identification of facilities, the need to purchase computers and software and the need for additional staff.

7. **CHECK ANY OF THE FOLLOWING CATEGORIES FOR WHICH THIS COURSE WILL BE USED.**

a. ☐ None
b. ☑ AA/AS Degree
c. ☑ Associate Degree for Transfer (ADT)
d. ☐ Area of Emphasis
e. ☐ Certificate of Achievement
f. ☐ Certificate of Proficiency

8. **GENERAL EDUCATION:** Forms for the appropriate Associate Degree area are available from Instructional Operations. CSU and IGETC requests approved by the Curriculum Committee are submitted each December for review by the specific four-year system office.

☐

a.	Not applicable			
b.	General Education – Associate Degree	Area	Yes	Section
c.	General Education – CSU Certification	Area		Section
d.	General Education – IGETC	Area	Yes	Section

9. **FOR ARTICULATION OFFICER USE ONLY:**

CSU Articulation Probability	☐ Yes	☐ No	UC Articulation Probability	☐ Yes	☐ No
CSU Transfer Probability	☐ Yes	☐ No	UC Transfer Probability	☐ Yes	☐ No

Articulation Officer

Date

10. **THIS COURSE MEETS OR EXCEEDS STATE TITLE 5 STANDARDS AND CRITERIA FOR COURSES AND CLASSES (Check one)**

- ☒ Credit course applicable as units to the associate degree (within degree/certificate requirements or elective toward graduation) – Title 5: Section 55002
- ☐ Credit course not applicable as units toward an associate degree – Title 5: Section 55002
- ☐ Basic skills (when designated as non-degree credit; courses in reading, writing, computation, and ESL) – Title 5: 55002/55000(j)
- ☐ Noncredit course (offered for zero units) – Title 5: Section 55002

11. **Porterville College CROSS-LISTING COLLABORATION AND LETTER OF INTENT**

Cross-listed ☐ Yes ☒ No

If yes, please list cross-listed course(s)

The original Letter of Intent, with sign off by the affected department at Porterville, must be included with this proposal. **The Curriculum Committee will not review any proposal that affects any division or department at Porterville unless a completed Letter of Intent is on file.** Please meet and collaborate with the appropriate chair or coordinator when this course modification affects another program or certificate or if this course is to be cross-listed at Porterville.

Date sent

Date returned

Similarity in course content in another department ☐ Yes ☒ No

If yes, please list similar course

12. **FOR LEARNING RESOURCES REPRESENTATIVE USE ONLY:**

To assess learning resources support for your course or program, please consult with your departmental liaison librarian to determine the adequacy of the resources available and have the liaison librarian sign below.

☐ Resources Adequate

☐ Resources Require Upgrading
Estimated Costs to Upgrade $_____
Funding Available to Upgrade? Yes ____ No ____

_____ _____
Departmental Liaison or Library Chair Date

13. **STUDENT LEARNING OUTCOMES**

Please meet with the Outcomes Coordinator to submit your SLOs for review and have the Outcomes Coordinator sign below.

_____ _____
Outcomes Coordinator Date

14. **VOTE OF DEPARTMENT**

Indicate the date that the department met to consider the curriculum proposal, the number of full-time faculty members in the department, the number voting and the number absent at the time the vote was taken.

Date of meeting 09/30/2024 Number of full time members in department 4

Yes 4 No ____ Abstaining ____ Absent ____

15. **SIGNATURES**

I have reviewed this form for accuracy and completeness and recommend this course addition.

Department Chairperson/Coordinator — Date: 30 Sept 24

Dean — Date: 9-30-24

16. **FOR CURRICULUM CHAIR and VP OFFICE USE ONLY:**

STAND-ALONE COURSE APPROVAL ☐ Yes ☐ No

This course addition meets the state Chancellor's Office regulations and guidelines requiring state approval as a stand-alone course outside of a program.

Curriculum Chair/VP — Date: 10/3/24

Curriculum Committee: