

WINONA STATE UNIVERSITY

NOTIFICATIONS

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, *Policy for Changing the Curriculum*, for complete information on submitting proposals for curricular changes.

☐ Reduction in course number ☐ Change in grading option ☐ Change in hours or credits in an independent study course
☒ Change in course title ☐ Change in course description* ☐ Change in existing major, minor, option, concentration, etc.*
☒ Change in prerequisites ☐ Change in course number within level, e.g. 310 to 350 ☐ Change in delivery method

A. Current Course Information

| HERS 395 | Practicum in Health Promotion | 1- 3 SH |
|------------|-------------------------------|---------|
| Course No. | Course Title | Credits |

This proposal is for a(n) X Undergraduate Course Graduate Course

Applies to X Major _____ Minor
 X Required _____ Required
 Elective Elective

Prerequisites HERS 204 – Personal & Community Health , HERS 288 – Health Perspectives and HERS 312 School and Community Health, HERS 321 Health Education in the Middle & Secondary Schools, HERS 326 Educational Topics/Issues, HERS 328 Behavioral Interventions, HERS 350 Program Planning in Health Promotion

Grading X Grade only P/NC only Grade and P/NC OptionFrequency of offering Each semester

Proposed Course Information. (Please indicate only proposed changes below.)

| Course No. | Course Title | Credits |
|------------|----------------------------|---------|
| | Practicum in Public Health | |

Prerequisites HERS 328 Behavioral Interventions, HERS 350 Program Planning in Health Promotion or instructor's permission.

| 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.

Department Chair

Department Chair

9/20/13
Date

Date _____

BZeller @ winona.edu
e-mail address

e-mail address

☒ Yes ☐ No

Dean of College

Dean of College

9-23-15
Date

Date _____

10/9/13
Date

Date _____

Chair of A2C2

Date _____

Chair of Graduate Council

Date 10/10/13

Date _____

Registrar: Please notify department chair via e-mail that Notification has been recorded.

*If a dean has comments on a notification, the dean shall forward the comments to the department. [Revised 7-13-11]