Course Change Form

Date of Request: December 6, 2007
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Course Revision

1. Course Title: **Intercollegiate Women's Tennis**
   Prefix & Num: **PEHR 1298**

2. Pre-requisite(s): **Instructor Permission**
   Co-requisite(s):
   - *LEC: 0.00
   - *LBC w/ cr: 12.00
   - *LNC w/ no cr: 0.00
   - Credits: 1.00
   - Clinical: 0.00
   - Practicum: 0.00
   - Independent Study: 0.00

3. Semester to be Implemented: **Fall, 2008**
   Day [ ]
   Extended Day [ ]
   Grade type: **Regular**

4. Cost Code:
   Lab Fee: **$0.00**
   Additional Fees: **$0.00**
   Potential WLF: **0.00**

5. Is this course designed for a specific group? **Yes**
   Who?: **Tennis team members**

6. Catalog Description: [ ] Now in Print, or [ ] Proposed Below:
   
   Course designed for women who play intercollegiate tennis. Only those students selected to perform athletically may take this course. Includes instruction in skills and play in intercollegiate tennis games. This is an activity class designed to give the student-athlete competitive playing time. Students will gain knowledge of the game as well as improve their individual skill level through competition. This course can be repeated for a maximum of 5 credits. Instructor permission required.

7. Course justification (attach sheets if needed):
   
   Credit change/description change. Result of revamping the Intercollegiate Athletics courses.

8. Are library resources adequate to support this change? **Yes**
   If not, how are those resources to be acquired?

9. Are technical and other resources available? **No**
   If not, how are those resources to be acquired?

10. Relationship to the curriculum: Would the course fill a G.E. requirement? **No**
    If yes, which G.E. area?
    If it does not fill a G.E. requirement, would the course offer elective credit? **Yes**

11. Transferability of the course: List comparable courses at other colleges and universities:

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<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prefix &amp; Num.</th>
<th>Institution</th>
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Approval Signatures:

Dean: [Signature]  Date: _________

Academic VP: [Signature]  Date: _________