Course Re-instatement

Course Title: Water Aerobics

Prefix & Num: PEHR 1315

1. Course Title: Water Aerobics

2. Pre-requisite(s): Co-requisite(s):
   - LEC: 2.00
   - LBC w/cr: 0.00
   - LNC w/no cr: 0.00
   Credits: 1.00
   Clinical: 0.00
   Practicum: 0.00
   Independent Study: 0.00

Instructor permission required: No

3. Semester to be Implemented: Fall, 2010
   Day [ ] Extended Day [ ]
   Grade type Regular

4. Cost Code: VFR305 Lab Fee: 25
   Additional Fees: $0.00
   Potential WLF: 1.50

5. Is this course designed for a specific group? No Who?

6. Catalog Description: [ ] Now in Print, or [x] Proposed Below:

   Course introduces aerobic conditioning principles designed to develop the cardiovascular-respiratory systems, strength and coordination. Course fee required.

7. Course justification (attach sheets if needed):

   This course was originally named "Aquatic Exercise." The name change will put the class in line with other institutions. PEHR has certified teachers available to teach the class and the pool time to accommodate students. The class fee will help cover maintenance costs of the swimming pool. This class can be for students interested in an alternative aerobics class.

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? Yes 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>
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Approval Signatures:

Department Chair: [Signature] Date: 2/4/10
Associate Dean/Dean: [Signature] Date: 2/4/10
Curriculum Chair: ____________________________ Date: __________
Academic VP: ____________________________ Date: __________