Course Change Form

Originator: Kelly Smith
Department: PEHR
Replacement Course ID:

1. Course Title: Intermediate Mountain Biking
   Prefix & Num: PEHR 1551

2. Pre-requisite(s): Co-requisite(s):
   Instructor permission required: No
   Class Hours/Week: *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

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

4. Cost Code:
   Lab Fee: $0.00   Additional Fees: $0.00   Potential WLF: 1.50
   Explanation of Fees:

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

6. Catalog Description: [ ] Now in Print, or [ ] Proposed Below:
   This course offers students the opportunity to further the skills learned in Beginning Mountain Biking. Students will discover some of the more advanced local mountain biking trails in our area. The students will be able to tackle more challenging terrain, learn to develop and use a training schedule as well as do more in depth maintenance on their bicycles. Instruction is provided on components, technical cycling skills, safety, conditioning, trip planning, maintenance and repair. Use of your own bicycle is required.

7. Course justification (attach sheets if needed):
   The beginning mountain bike class has been consistently full for the past few semesters. There has been high student interest in more advanced biking skills.

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: ___________________________ Date: 2/3/10
Associate Dean/Dean: ______________________ Date: 2/3/10
Curriculum Chair: __________________________ Date: __________
Academic VP: ______________________________ Date: __________