Course Change Form

Date of Request: February 22, 2010
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Course Addition

1. **Course Title:** Outdoor Recreation Survey
   **Prefix & Num.:** PEHR 1540

2. **Pre-requisite(s):**
   - LEC: 0.00
   - LBC w/cr: 2.00
   - INC w/no cr: 0.00
   **Credits:** 1.00

3. **Semester to be Implemented:** Fall, 2010
   **Day:** □
   **Extended Day:** □
   **Grade type:** Regular

4. **Cost Code:** FED 303
   **Lab Fee:** 28
   **Additional Fees:** $0.00
   **Potential WLF:** 1.50

5. **Explanation of Fees:** Fees will cover the costs of consumables and materials for the class.

6. **Catalog Description:** □ Now in Print, or □ Proposed Below:
   This course introduces students to the basic principles pertaining to the provision of safe and enjoyable outdoor recreation activities. The students will learn about specific equipment, tools, skills, and techniques. The students will also be exposed to safety and health-oriented topics pertaining to the outdoor environment.

7. **Course justification (attach sheets if needed):**
   This activity class provides an opportunity for students who want to learn specific skills and techniques related to the outdoors and recreational opportunities in Washington County. This class has been offered as a seminar class for the last few semesters.

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>
<th>Institution</th>
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<td>Outdoor Related Activities</td>
<td>1</td>
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<td>SLCC</td>
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**Approval Signatures:**

Department Chair: [Signature]
Date: 2/22/10

Associate Dean/Dean: [Signature]
Date: 2/22/10

Curriculum Chair: ______________________________
Date: __________

Academic VP: ______________________________
Date: __________