Course Change Form

Date of Request: October 13, 2009
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Course Addition

Course Title: Military Fitness
Prefix & Num: MILS1202

1. Course Title: **Military Fitness**
   Prefix & Num: MILS1202

2. Pre-requisite(s):
   Co-requisite(s): MILS1200, MILS1201
   Instructor permission required: **No**
   Class Hours/Week: *LEC: 0.00* ✓ *LBC w/ cr: 2.00* ✓ *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: MIL100
   Lab Fee: **$0.00**
   Additional Fees: **$0.00**
   Potential WLF: 0.00

Explanation of Fees:

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

6. Catalog Description: □ Now in Print, or ✓ Proposed Below:
   For Army ROTC students and all other interested students. Uses the Army Physical Fitness Test to evaluate the student’s performance and improvement in the areas of flexibility, strength, and endurance. Includes instruction in foot care and road marching techniques. Repeats are required. Corequisite: MILS1200 and MILS1201. 2 lab hours per week. Course taught in the Fall.

7. Course justification (attach sheets if needed):
   This lab with physical training was not reflected in the prior course sequence.

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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Approval Signatures:

Department Chair: ___________________________ Date: __________

Associate Dean/Dean: ___________________________ Date: __________

Curriculum Chair: ___________________________ Date: __________

Academic VP: ___________________________ Date: __________