

**UNDERGRADUATE COUNCIL
Request for Change(s)**

Originating unit requesting change

Department of Kinesiology, Harris College

Type of Change requested:

- | | | | | | |
|--------------------------|--------------------|-------------------------------------|------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Course number(s) | <input type="checkbox"/> | Course prerequisite(s) | <input type="checkbox"/> | Program title |
| <input type="checkbox"/> | Course title | <input type="checkbox"/> | Drop course(s) | <input type="checkbox"/> | Program description |
| <input type="checkbox"/> | Course description | <input checked="" type="checkbox"/> | Drop program(s) | <input type="checkbox"/> | Program requirements |

Semester and year change(s) take effect:

Fall 2020

Appropriate computer abbreviation if course title is more than 30 spaces:

Briefly summarize the change requested:

Please drop the following programs from Kinesiology Department, all of which are no longer offered:

SPPS-BS Sports Psychology BS *

~~MO32-BS Movement Science 3+2~~ ** Note: 11/17/2020 MO32-BS is being removed from this drop request

MOSC-BS2 Movement Science BS2 **

ATTR-ATT (certificate)

Programs Only

Current Title: _____

New Title: _____

Current Code: _____ Proposed New Code (list 2): _____ or _____
(ex: INDE-BFA)

Can have second major: ___ Yes ___ No

Current CIP Code: _____

Does the change require a new or change in CIP code? ___ Yes ___ No

If yes, what is the proposed CIP code? _____

*for reference, please visit: <https://nces.ed.gov/ipeds/cipcode/resources.aspx?y=56>

Catalog copy

Present catalog copy (paste-up from catalog is acceptable).

Proposed change(s). (Include exact catalog copy as desired. Underline changes)

Request for Changes

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1. What is the justification for the change(s) requested?

*Program no longer offered and no longer admitting students

**duplicated program. Previously added program and neglected to delete.

2. If applicable, explain how the change(s) will affect the current program outcomes and assessment mechanisms.

None: because these programs are inactive, they will no longer be assessed. Office of Institutional Effectiveness has been notified.

3. **Faculty Resources:** How will the unit provide faculty support for this change and any other impact this change may have on other current departmental listings.

NA

4. **Educational Resources:** Will this change require additional resources not currently available (e.g. space, equipment, library, other)? YES
If yes, list additional resources needed. NO

5. If this change affects other units of the University, include a statement signed by the chairperson(s) of the affected unit(s).
NA

6. If cross-listed, provide evidence of approval by all curriculum committees appropriate to both the originating and cross-listed units.

Meena Shah

Approval signature of chairperson of originating unit