

NORTH CAROLINA STATE UNIVERSITY
COURSE ACTION FORM

For instructions, please consult: http://www.ncsu.edu/provost/academic_programs/courses/attdoccsinst.html

TYPE OF PROPOSAL:

New Course _____
Course to be dropped _____
Course Review _____x_____
Course Revision* _____x_____
GER List Action _____x_____
Dual-level Course _____

*** REVISION IN:**

Prefix/Number _____
Title/Abbreviated Title _____
Scheduling _____
Credit Hours/Contact Hours _____
Grading Method _____
Pre/Corequisite _____
Restrictive Statement _____
Catalog Description _____
Content _____
Student Learning Objectives _____x_____

DEPARTMENT/PROGRAM _____ Physical Education _____

COURSE PREFIX _____ PE _____ NUMBER _____ 256 _____

PREVIOUS PREFIX/NUMBER _____

COURSE TITLE _____ Racquetball _____

ABBREVIATED _____ RACQUETBALL _____ (18 including spaces)

SCHEDULING: Fall _____x_____, Spring _____x_____, Summer _____, Every Year _____x_____
Alt. Year Odd _____ Alt. Year Even _____ Other _____

CREDIT HOURS _____ 1 _____ OFFERED BY DISTANCE EDUCATION ONLY _____

CONTACT HOURS: Lecture/Recitation _____ Seminar _____ Laboratory _____ 2 _____ Problem _____

Studio _____ Independent Study/Research _____ Internship/Practicum/Field Work _____

GRADING: ABCDF _____x_____ or S/U _____ DATE OF LAST ACTION: _____ 8/96 _____

PREREQUISITE(S) _____

COREQUISITE(S) _____

PRE/COREQUISITE for Following Course(s) _____

RESTRICTIVE STATEMENT(S) _____

Proposed Effective Date: _____/_____/_____

Approved Effective Date: _____/_____/_____

CATALOG DESCRIPTION (Limit to 80 words): _____

Skill development, strategies and rules of singles, doubles and cutthroat play.

CURRICULA/MINORS FOR WHICH COURSE IS DESIGNED:

Required: _____

Elective: _____

GER LIST(S): _____ Physical Education _____

INSTRUCTOR RESPONSIBLE FOR COURSE/RANK: _____ Tom Roberts _____ Assoc Prof. _____

ANTICIPATED ENROLLMENT/SEMESTER: _____ 1300 _____ Maximum No./Sect.: _____ 20 _____ Multiple Sections: Yes _____x_____ No _____

DOCUMENTATION AS REQUIRED:

Please number all documentation pages attached to course action form.

Course Justification _____x_____
Proposed Revision(s) with Reasons _____x_____
Enrollment for last 5 years _____x_____
Resources Statement _____
Consultation with other Departments _____
GER Course Documentation _____x_____
GER category objectives _____x_____
GER student learning outcomes** _____x_____
Means of assessing GER outcomes _____x_____
Syllabus (Current and Proposed) _____x_____

RECOMMENDED BY:

Head, Department/Program _____ Date _____

ENDORSED BY:

Chair, College Courses & Curricula Committee _____ Date _____

College Dean _____ Date _____

Chair, University Courses & Curricula Committee _____ Date _____

Chair, Council on Undergraduate Education _____ Date _____

APPROVED:

Provost's Office _____ Date _____