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| S:\Communications\Logos and photos\SDBORLogos\final_sdbor_webreadyBW_trans.gif | **SOUTH DAKOTA BOARD OF REGENTS**ACADEMIC AFFAIRS FORMS |
| Minor Program Modification |
|  |  |

Use this form to request minor changes in existing programs (majors, minors, certificates, or specializations). The university Vice President for Academic Affairs approves minor program modifications and they are included in the Annual Minor Program Modification Summary form.

|  |  |
| --- | --- |
| **UNIVERSITY:** | Choose an item. |
| **PROGRAM TITLE:** | **B.S. in Exercise Science**  |
| **CIP CODE:** | **31.0505** |
| **UNIVERSITY DEPARTMENT:** | **College of Education**  |
| **UNIVERSITY DIVISION:** | **College of Education**  |

**University Approval**

*To the Board of Regents and the Executive Director: I certify that I have read this proposal, that I believe it to be accurate, and that it has been evaluated and approved as provided by university policy.*

|  |  |  |
| --- | --- | --- |
|  |  | Click here to enter a date. |
| Vice President of Academic Affairs or President of the University |  | Date |

|  |
| --- |
|  |

1. **This modification addresses a change in (*place an “X” in the appropriate box*):**

|  |  |
| --- | --- |
|[ ]  Course *deletions* that do not change the nature of the program, or distribution of courses in the program, or change of total credit hours required |[x]  Course *additions* that do not change the nature of the program, or distribution of courses in the program, or change of total credit hours required |
|  |  |  |  |
|[ ]  Revised courses in the program. |  |  |

1. **Effective date of change: 8/1/2018**
2. **Program Degree Level (*place an “X” in the appropriate box*):**

|  |  |  |  |
| --- | --- | --- | --- |
| Associate |[ ]  Bachelor’s |[x]  Master’s |[ ]  Doctoral |[ ]

1. **Category (*place an “X” in the appropriate box*):**

|  |  |  |  |
| --- | --- | --- | --- |
| Certificate |[ ]  Specialization |[ ]  Minor |[ ]  Major |[x]

1. **Primary Aspects of the Modification (*add lines or adjust cell size as needed*):**

|  |  |
| --- | --- |
| *Existing Curriculum* | *Proposed Curriculum (highlight changes)* |
| **Pref.** | **Num.** | **Title** | **Cr.****Hrs.** |  | **Pref.** | **Num.** | **Title** | **Cr. Hrs.** |
| WELL | 100L | Wellness Lab |  1 |  | PE | 100 | Activity (variety) |  1 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Total Hours Required |  1 |  |  |  | Total Hours Required |  1 |

1. **Explanation of the Change:**

Currently DSU offers WEL 100L Lab for 1 credit, on a non-repeating basis. Students wishing to take an extra activity class can take it, but the grade replaces the grade they earned in the previous class. They cannot take the class more than once for credit. Other universities have a variety of activity classes a student may take over the course of their program and we would like to include that flexibility. DSU is also processing a request to offer PE 100 Activity course. We would like to be included on the use of this prefix/number/title.