



Document # _____ Date Received _____ SHORTENED COURSE FOR SEMESTER Fall 2015
 DEPARTMENT: Curriculum & Pedagogy

Course(s): Number&Section	Short Title	Delivery*	Meeting dates if FTF	SLOs verified as Equivalent
KINE 1152- 180	Health and Wellness	ONL		X
KINE 1152- 181	Health and Wellness	ONL		X
KINE 1152- 182	Health and Wellness	ONL		X
KINE 4300- 180	Biomechanics	ONL		X
KINE 4305- 180	Adapted Physical Activity- WIN	ONL		X
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Approvals:

	Signature	Date
Chair Department Curriculum Committee	<u>Jennifer M Coronado</u>	<u>10-1-15</u>
Chair Department	<u>Diana Levin CH</u>	<u>10-1-15</u>
Chair College Curriculum Committee	<u>Jennifer M Coronado</u>	<u>10-1-15</u>
Dean	<u>Catherine F. Westman</u>	<u>10/1/15</u>
Provost	<u>[Signature]</u>	<u>10/6/15</u>

*OL – Online HYB – Hybrid FTF – Face to Face