

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **29-Mar-08**

Curriculum Bulletin _____

Effective Date **Fall 2009**

Approved by EPC _____

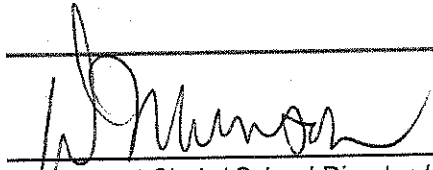
Department **SELS**
College **EH - Education, Health and Human Services**
Proposal **select one**
Course Subject **PEB** Course Number **10095**
Course Title **Beginning Ice Hockey**
Minimum Credits **01** Maximum Credits **01**

Checked items are new or revised	<input checked="" type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input checked="" type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Fee
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input type="checkbox"/> Schedule Type	<input type="checkbox"/> Other

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites; teacher education licensure):
None

Units consulted (other departments, programs or campuses affected by this proposal):
N/A

REQUIRED ENDORSEMENTS



Department Chair / School Director / Campus Dean

4/4/08

College Dean

____/____/____

Executive Dean of Regional Campuses

____/____/____

Senior Vice President for Academic Affairs and Provost

____/____/____

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **28-Mar-08** Requested Effective Term **Fall 2009**
Course Subject **PEB** Course Number **10095**
Course Title **Special Topics: Begging Ice Hockey**
Title Abbreviation **B Ice Hockey**
NOTE: Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
Slash Course **/ /** Cross-listed with _____ Cross-list Banner code _____
NOTE: To be completed by Curriculum Services.
Minimum Credit **01** ☐ to ☐ or Maximum Credit **01** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
Contact Hours ☒ Lecture Minimum Hours **02.00** ☒ to ☐ or Maximum Hours **02.00**
Per Week ☐ Laboratory Minimum Hours _____ ☐ to ☐ or Maximum Hours _____
☐ Other Minimum Hours _____ ☐ to ☐ or Maximum Hours _____
NOTE: Contact hours should be per week.
Repeat Status **NR - Course may not be repeated**
If repeats, course limit _____ OR maximum hours _____
Course Level **UG - Undergraduate**
Grade Rule **B - Letter**
Schedule Type(s) **LEC - Lecture**
Course Attribute(s) **none**
Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s) **None**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) _____

Corequisite(s) _____

Registration is by special approval only ☐ Yes ☒ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration

(e.g., VCD majors, East Liverpool Campus, junior level and above, graduate standing, BA-CHEM program)

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description

Complete the following only if applicable:

Previous Title _____

Previous Subject _____

Previous Number _____

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact
Hours

Outline

- | | |
|------|---|
| 1.00 | Introduction to the class |
| 2.00 | Development of Basic Skills: Skating, Stickhandling, passing, shooting. |
| 3.00 | Forehand, back hand, and flip passing. Wrist shot, snap shot and slap shot. |
| 3.00 | Defensive Skills: Backwards skating, angling, playing the 1-1 situation. |
| 3.00 | Goaltending: understanding the basic movements of the position. |
| 2.00 | Offensive Team play and Tactics: Attacking the Blue Line. |
| 2.50 | Odd man rushes 1-0, 2-1, 3-2. Cycling and Support. |
| 1.50 | Power Play Systems |
| 3.00 | Defensive Team Tactics. Defensive Zone Coverage. |
| 1.00 | Faceoffs Coverages. Penalty Kill systems. |
| 2.00 | Playing without the puck in the Neutral Zone |
| 6.00 | Actual Game play situations. Live play (non check). |

Total Contact Hours

Textbook(s) Used in this Course

None

Writing Expectations

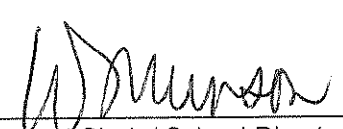
Instructor(s) Expected To Teach

TBD by PEB coordinator and Ice Arena Manager

Instructor(s) Contributing to Content

Bill Switaj and Lettie Gonzalez

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

4,408

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **28-Mar-08**

Curriculum Bulletin _____

Effective Date **Fall 2009**

Approved by EPC _____

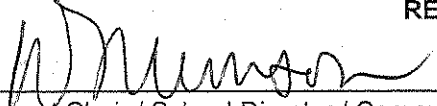
Department **SELS**
College **EH - Education, Health and Human Services**
Proposal **select one**
Course Subject **PEB** Course Number **10095**
Course Title **Special Topics: Wallyball**
Minimum Credits **01** Maximum Credits **01**

Checked items are new or revised	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input checked="" type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input checked="" type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Fee
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input type="checkbox"/> Schedule Type	<input type="checkbox"/> Other

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites; teacher education licensure):
None

Units consulted (other departments, programs or campuses affected by this proposal):
N/A

REQUIRED ENDORSEMENTS



Department Chair / School Director / Campus Dean

4.4.08

College Dean

____/____/____

Executive Dean of Regional Campuses

____/____/____

Senior Vice President for Academic Affairs and Provost

____/____/____

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **28-Mar-08** Requested Effective Term **Fall 2009**
Course Subject **PEB** Course Number **10095**
Course Title **Beginning Wallyball**
Title Abbreviation **Beginning Wallyball**
NOTE: Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
Slash Course **/ /** Cross-listed with _____ Cross-list Banner code _____
4/5, 4/5/7 or 6/8 NOTE: To be completed by Curriculum Services.
Minimum Credit **01** ☐ to ☐ or Maximum Credit **01** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
Contact Hours ☒ Lecture Minimum Hours **02.00** ☒ to ☐ or Maximum Hours **02.00**
Per Week ☐ Laboratory Minimum Hours ☐ to ☐ or Maximum Hours
☐ Other Minimum Hours ☐ to ☐ or Maximum Hours
NOTE: Contact hours should be per week.
Repeat Status **select one**
If repeats, course limit OR maximum hours
Course Level **UG - Undergraduate**
Grade Rule **B - Letter**
Schedule Type(s) **LEC - Lecture**
Course Attribute(s) **none**
Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s) **None**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s)

Corequisite(s)

Registration is by special approval only ☐ Yes ☒ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration

(e.g., VCD majors, East Liverpool Campus, junior level and above, graduate standing, BA-CHEM program)

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **Basic instruction in Volleyball skill and Wallyball game strategies.**

Complete the following only if applicable:

Previous Title

Previous Subject

Previous Number

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
2.00	Rules of Wallyball and The Court
1.00	Serves; Top Spin and Float Serve, Jump Serve, using the Wall
2.00	Attacks-Types of Attacks, Individual Transitions
2.00	Forearm Passing; Service Reception
2.00	Overhead Passing and Setting
2.00	Individual Defense
8.00	Team Skills: Transition, Offense, Defense
1.00	Officiating Wallyball
9.00	Game Play: Alternate Scoring Methods, 2, 3, and 4 person Play, Tournament Play, Bjerring Tournament

30 Total Contact Hours

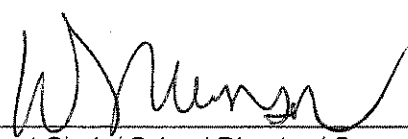
Textbook(s) Used in this Course **None**

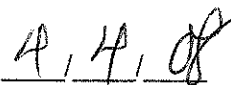
Writing Expectations

Instructor(s) Expected To Teach **Tim Harrod, John Newman**

Instructor(s) Contributing to Content **Tim Harrod**

REQUIRED ENDORSEMENT


 Department Chair / School Director / Campus Dean


 4, 4, 08

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **29-Mar-08**

Curriculum Bulletin _____

Effective Date **Fall 2009**

Approved by EPC _____

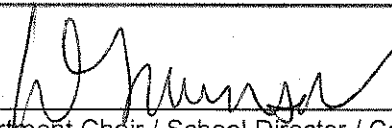
Department **SELS**
College **EH - Education, Health and Human Services**
Proposal **select one**
Course Subject **PEB** Course Number **10095**
Course Title **Beginning Broomball**
Minimum Credits **01** Maximum Credits **01**

Checked items are new or revised	<input checked="" type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input checked="" type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Fee
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input type="checkbox"/> Schedule Type	<input type="checkbox"/> Other

Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites; teacher education licensure):
None

Units consulted (other departments, programs or campuses affected by this proposal):
N/A

REQUIRED ENDORSEMENTS



Department Chair / School Director / Campus Dean

4/4/08

College Dean

 / /

Executive Dean of Regional Campuses

 / /

Senior Vice President for Academic Affairs and Provost

 / /

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **28-Mar-08** Requested Effective Term **Fall 2009**
Course Subject **PEB** Course Number **10095**
Course Title **Special Topics: Begging Broomball**
Title Abbreviation **B Broomball**
NOTE: Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
Slash Course **/ /** Cross-listed with _____ Cross-list Banner code _____
NOTE: To be completed by Curriculum Services.
Minimum Credit **01** ☐ to ☐ or Maximum Credit **01** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
Contact Hours ☒ Lecture Minimum Hours **02.00** ☒ to ☐ or Maximum Hours **02.00**
Per Week ☐ Laboratory Minimum Hours _____ ☐ to ☐ or Maximum Hours _____
☐ Other Minimum Hours _____ ☐ to ☐ or Maximum Hours _____
NOTE: Contact hours should be per week.
Repeat Status **NR - Course may not be repeated**
If repeats, course limit _____ OR maximum hours _____
Course Level **UG - Undergraduate**
Grade Rule **B - Letter**
Schedule Type(s) **LEC - Lecture**
Course Attribute(s) **none**
Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s) **None**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) _____

Corequisite(s) _____

Registration is by special approval only ☐ Yes ☒ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration

(e.g., VCD majors, East Liverpool Campus, junior level and above, graduate standing, BA-CHEM program)

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description

Complete the following only if applicable:

Previous Title _____

Previous Subject _____

Previous Number _____

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact Hours	Outline
6.00	Development of offensive skills. These would include passing, stickhandling and passing. Passing would include forehand, backhand and pusing the ball. Passing would be stationary as well as on the run. Shooting would concentrate on forehand, backhand and the golf shot.
6.00	Defensive Skills: Blocking, guarding, angling, goaltending.
6.00	Offensive Team Play: Attacking the net. Forechecking and creating offensive with and without the ball. 3-2, 2-1, 1-0 rushes.
6.00	Defensive team tactics: Defensive Zone Play and Coverage options (man to man vs. zone). Face offs and face off coverage. Breakouts.
6.00	Actual team play. later part of class. Combining all the individual and team elements from above into actual game situations.

Total Contact Hours

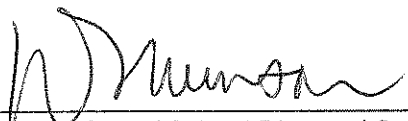
Textbook(s) Used in this Course

Writing Expectations

Instructor(s) Expected To Teach

Instructor(s) Contributing to Content

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

4, 4, 08

KENT STATE UNIVERSITY

CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date **24-Mar-08**

Curriculum Bulletin _____

Effective Date **Fall 2009**

Approved by EPC _____

Department **SELS**
College **EH - Education, Health and Human Services**
Proposal **select one**
Course Subject **PEB** Course Number **10095**
Course Title **Special Topic: Latin Social Dance**
Minimum Credits **01** Maximum Credits **01**

Checked items are new or revised	<input type="checkbox"/> Subject	<input type="checkbox"/> Cross-Listed / Slash
	<input type="checkbox"/> Number	<input type="checkbox"/> Grade Rule
	<input checked="" type="checkbox"/> Title	<input type="checkbox"/> Credit by Exam
	<input type="checkbox"/> Title Abbreviation	<input type="checkbox"/> Course Fee
	<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Liberal Education Requirements (LER)
	<input type="checkbox"/> Prerequisites	<input type="checkbox"/> Writing-Intensive (WIC)
	<input type="checkbox"/> Description	<input type="checkbox"/> Diversity
	<input type="checkbox"/> Schedule Type	<input type="checkbox"/> Other

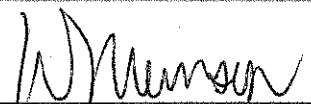
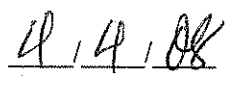
Describe impact on other policies, programs or procedures (e.g., encroachment and duplication issues; enrollment and staffing considerations; need, audience, prerequisites; teacher education licensure):

None

Units consulted (other departments, programs or campuses affected by this proposal):

N/A

REQUIRED ENDORSEMENTS

	
Department Chair / School Director / Campus Dean	
_____	____/____/____
College Dean	
_____	____/____/____
Executive Dean of Regional Campuses	
_____	____/____/____
Senior Vice President for Academic Affairs and Provost	

BASIC DATA SHEET

Complete all fields. Data entered below should reflect new/revised information.

Preparation Date **24-Mar-08** Requested Effective Term **Fall 2009**
Course Subject **PEB** Course Number **10095**
Course Title **Special Topic: Latin Social Dance**
Title Abbreviation **Latin Social Dance**
NOTE: Maximum 30 spaces, with no punctuation or special characters (exception: forward slash "/" is allowed with no spaces before or after the slash)
Slash Course **/ /** Cross-listed with _____ Cross-list Banner code _____
NOTE: To be completed by Curriculum Services.
Minimum Credit **01** ☐ to ☐ or Maximum Credit **01** (e.g., 3 to 3 credits, 1 to 12 credits, 2 or 4 credits)
Contact Hours ☒ Lecture Minimum Hours **02.00** ☒ to ☐ or Maximum Hours **02.00**
Per Week ☐ Laboratory Minimum Hours _____ ☐ to ☐ or Maximum Hours _____
☐ Other Minimum Hours _____ ☐ to ☐ or Maximum Hours _____
NOTE: Contact hours should be per week.
Repeat Status **select one**
If repeats, course limit _____ OR maximum hours _____
Course Level **UG - Undergraduate**
Grade Rule **B - Letter**
Schedule Type(s) **LEC - Lecture**
Course Attribute(s) **none**
Credit By Exam **N - Credit by Exam Not Approved**

COMPLETE ONLY WHAT IS APPLICABLE TO THE COURSE

Prerequisite

Course(s) **None**

NOTE: List minimum-grade requirement for course prerequisites if other than "D."

Test Score(s) _____

Corequisite(s) _____

Registration is by special approval only ☐ Yes ☒ No

NOTE: Checking "yes" means all students must seek approval from department to register.

Restrict Registration

(e.g., VCD majors, East Liverpool Campus, junior level and above, graduate standing, BA-CHEM program)

COMPLETED BY CURRICULUM SERVICES

OBR Program Code _____

OBR Subsidy Code _____

OBR Course Level _____

CIP Code _____

Catalog Description **Presentation of the DVIDA bronze syllabus for Latin Dances. Each semester the class will cover 4 Latin/Rhythm dances, which will include the Rumba, Cha Cha, and Samba and a fourth dance from the Bolero, Mambo, Merengue, East Cost Swing or Salsa. The class will include proper technique, rhythm of the dance and approximately 10-15 figures for each dance.**

Complete the following only if applicable:

Previous Title _____

Previous Subject _____

Previous Number _____

Term Start _____ Term End _____ NOTE: To be completed by Curriculum Services.

Content Outline (include contact hours for each section)

Contact
Hours


Outline

- | | |
|------|--|
| 1.00 | Introduction, background, vocabulary, class requirements and expectations |
| 2.00 | Introduction and review of basic rhythms of dances to be covered |
| 6.00 | Basic Steps for Rumba and Cha Cha |
| 6.00 | Basic Steps for Samba |
| 1.00 | Mid-Term, Written exam and demonstrated ability to dances |
| 4.00 | Rumba and Cha Cha review and continued development and practice of all techniques |
| 6.00 | Samba review and continued development and practice of all techniques |
| 2.00 | Theory of how to musically put all into a workable partnership and communication between partners. |
| 1.00 | Self-directive class--music played and student will dance the dance steps mastered. |
| 1.00 | Final Exam--Students will perform showing their ability to lead and/or follow with proper rhythm, timing, and technique. |

Total Contact Hours

Textbook(s) Used in this Course	None
Writing Expectations	
Instructor(s) Expected To Teach	Patrick Hickey
Instructor(s) Contributing to Content	Patrick Hickey

REQUIRED ENDORSEMENT



Department Chair / School Director / Campus Dean

4, 4, 08