

The University Of Toledo

Program Requirement Revision Form

Administrative Use Only (rev 9/2011)		
Code:	CM	
Date Received:	/ /	(dd/mm/yyyy)
Date Effective:	/ /	(dd/mm/yyyy)

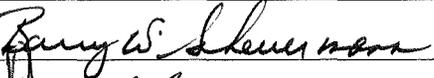
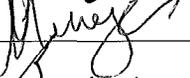
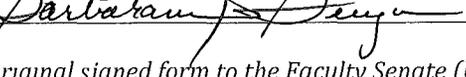
Please list the proposed program structure.

College: CHS	Dept: Kinesiology
Contact Person: Barry Scheuermann	Phone: 419-530-2692
Email: barry.scheuermann@utoledo.edu	
Program Name: Biomechanics (Concentration in Exercise Science Major)	
Program Level: <input type="checkbox"/> Graduate <input checked="" type="checkbox"/> Undergraduate	

CHANGES AND REASONS FOR CHANGES

Requesting the elimination of the Biomechanics concentration from the Exercise Science major. The enrollment in this concentration has been consistently and appreciably below the minimum expected requirements. Many of the students previously enrolled in this concentration are now matriculating through similar programs offered by biomedical/bioengineering programs due to the career opportunities upon graduation.

APPROVAL:

	Signature	Date
Department Curriculum Authority:		2/26/14
Department Chairperson		2/26/14
College Curriculum Authority		3-31-14
College Dean		3.31.14

After college approval, submit the original signed form to the Faculty Senate (UH3320) for undergraduate-level courses, for graduate-level courses submit the original signed form to the Graduate School (UH3240).

	Signature	Date
FS Acad. Programs or Graduate Council:		
Office of the Provost.		
Registrar's Office.		