

TSU  
CURRICULUM COUNCIL  
UCC-000220-A



Texas Southern University  
University Curriculum Council  
**CURRICULUM REVISIONS ROUTING FORM**

This form is designated for the purpose of acquiring support for curricular modifications or revisions that are addressed by the University Curriculum Committee. This form must accompany all proposals being submitted for review and approval. Curriculum revisions are as follows:

CURRICULUM MODIFICATION	TYPE	
	SUBSTANTIVE	NON-SUBSTANTIVE
COURSE		X
PROGRAM		BS In SPORT MANAGEMENT
ADMINISTRATIVE		
<i>* Select applicable type for all supporting documentation.</i>		

*Dwain O. Fisher*  
Department Chair

6/25/15  
Date

*George K. Jones*  
Chair, College/School Curriculum Council

7/21/2015  
Date

*[Signature]*  
Dean of College/School

7-21-2015  
Date

\_\_\_\_\_  
Dean of Honors College/Graduate School/Weekend University  
*\*\*for associated curriculums\*\**

\_\_\_\_\_  
Date

*[Signature]*  
Chair, University Curriculum Council

10/15/2015  
Date

*[Signature]*  
Provost

10/23/15  
Date

**Certification Form for Administrative Changes  
Texas Higher Education Coordinating Board**

**Directions:** An institution shall use this form to request an administrative change that meets all criteria for automatic approval in Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.44: (a) The administrative change has institutional and board of regents approval, (b) the institution certifies that adequate funds are available to cover the costs of the administrative change, (c) new costs during the first five years would not exceed \$2 million, and (d) the administrative change meets all other criteria in Section 5.47 of Board Rules (relating to Criteria for Administrative Change Requests).

If an administrative change does not meet the criteria above, an institution must submit a request using the *Administrative Change Request Form*.

An institution may also use this form to report the creation or change to a unit that does not administer a certificate or degree program (e.g., a research center) to update the Program Inventory.

**Information:** Contact the Division of Academic Affairs and Research at 512/427-6200 for more information.

**Administrative Information**

1. **Institution:** Texas Southern University

2. **Description of Administrative Change:** (e.g., create a new Department of Sociology; merge existing College of Science and College of Liberal Arts into a new College of Arts and Science, etc.)

**Statement of Intent**

1. Change the degree from B. S. in Human Performance to a B. S. in Kinesiology with a concentration area of interest

**Concentration Areas:**

- Athletic Training - Non-Teaching
- Athletic Training - Teaching (EC-12)
- Human Performance - Teaching (EC-12)
- Recreation & Leisure - Non-Teaching

2. Change the degree from M. S. in Health and Human Performance to a M. S. in Health and Kinesiology with a concentration area of interest

**Concentration Areas:**

- Health
- Kinesiology

3. For the name of the degrees to reflect the current CIP nomenclature of Kinesiology

3. **Program Inventory** – Show how the change would appear on the Coordinating Board’s Program Inventory. Include all degree programs and corresponding Texas CIP codes affected by the change but do not include proposed administrative unit codes for the new academic unit(s). Board staff will assign the new administrative unit codes.

DEPARTMENT OF HEALTH AND KINESIOLOGY 1402	CIP CODE		
KINESIOLOGY	31.0505.00 BS (120SCH)		
HEALTH AND KINESIOLOGY	31.0501.00 MS (36 SCH)		

4. **Implementation Date:**

**The Department of Health and Kinesiology seeks to use the new and most appropriate degree title by December 2015.**

5. **Contact Person:** Provide contact information for the person who can answer specific questions about the program.

Name: **Dr. Dwalah Fisher or Dr. J. Kenyatta Cavil**

Title: **Department Chair or Department Curriculum Committee Chair**

E-mail: [Fisher DL@tsu.edu](mailto:Fisher_DL@tsu.edu) or [CavilJK@tsu.edu](mailto:CavilJK@tsu.edu)

Phone: **713.313.7272 or 713.313.1965**

### Signature Page

I hereby certify that all of the following criteria have been met in accordance with the procedures outlined in Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.44:

- (a) The administrative change has institutional approval.
- (b) The institution certifies that adequate funds are available to cover the costs of the administrative change.
- (c) New costs during the first five years would not exceed \$2 million.
- (d) The administrative change meets all other criteria in Section 5.47 of Board Rules (relating to Criteria for Administrative Change Requests):
  - (1) The administrative overhead of universities and health-related institutions should be kept low to insure that most of the funds appropriated for higher education go toward the costs of instruction.
  - (2) The administrative costs of new academic units, particularly colleges and schools, should not be so high as to detract from the quality of the programs the administrative unit contains.

I understand that the Coordinating Board will update the program inventory of the institution to reflect the administrative change if no objections to the proposed administrative change are received during the 30-day public comment period.

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

I hereby certify that the Board of Regents has approved this administrative change.

Date of Board of Regents approval: \_\_\_\_\_

\_\_\_\_\_  
Board of Regents (or Designee)

\_\_\_\_\_  
Date