## change of COURSE PROPOSAL FORM

**TO:** CURRICULUM COMMITTEE

**ACADEMIC AREA:** HEALTH PROFESSIONS

**PROPOSEd by**: Jeff Davis, RRT, Rcis-Program Director Cardiovascular Tehnology

**PRESENTER:**

**DATE:** 9/1/2010

**CURRENT COURSE PREFIX, NUMBER AND TITLE:**

### RET 1821L Freshman Clinical 1

### SECTION I

**TYPE(S) OF COURSE CHANGE: TYPE PROPOSED CHANGE HERE FOR EACH ITEM CHECKED:**

**** CVT 1800 L

 Cardiovascular Pre Practicum 1

** Cardiovascular Technology**

**** RET 1024

**** C

**** RET 1613C, CVT 1200

**** Click here to ENTER THE NUMBER CREDITS OR CLOCK HOURS

**** SELECT A CREDIT TYPE

**** Click here to enter CONTACT HOURS

**** SELECT GRADE MODE.

****

Type your course description as you would like it to appear in the catalog and syllabus.

****

Feel free to use bullets to format your outline.

****

TYPE IN ALL OF THE LEARNING OUTCOMES, ASSESSMENTS AND GEN ED COMPETENCIES AS THEY SHOULD BE DISPLAYED IN THE SYLLABUS

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| LEARNING OUTCOMES | ASSESSMENTS | GENERAL EDUCATION COMPETENCIES |
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### SECTION II (ENTER INFORMATION ONLY IF THERE ARE CHANGES)

**ICS CODE FOR THIS COURSE:** SELECT THE APPROPRIATE ICS CODE.

**IF YOU INTEND TO RESTRICT STUDENT REGISTRATION BASED ON THE STUDENTS’ MAJOR(S), ENTER ALL APPLICABLE MAJOR RESTRICTION CODE(S):**

Click here to enter text.

**GRADE MODE:** SELECT GRADE MODE.

**IS THIS A GENERAL EDUCATION COURSE?** SELECT ANSWER.

**IS THIS A WRITING INTENSIVE COURSE?** SELECT ANSWER.

**iS THIS AN HONORS COURSE?** SELECT ANSWER.

**IS THIS A REPEATABLE COURSE?** SELECT ANSWER.

**IF SO, WHAT IS THE MAXIMUM NUMBER OF CREDITS A STUDENT CAN EARN FOR THIS COURSE?** TYPE NUMBER HERE

**DO YOU EXPECT TO OFFER THIS COURSE THREE TIMES OR LESS?** SELECT ANSWER.

**WILL THIS CHANGE IN COURSE HAVE AN IMPACT ON OTHER COURSES, PROGRAMS OR DEPARTMENTS?** SELECT ANSWER.

**eXPLAIN:**

CLICK HERE TO ENTER TEXT.

**IF YES, HAVE YOU DISCUSSED THIS PROPOSAL WITH ANYONE (FROM OTHER DEPARTMENTS AND/OR PROGRAMS) REGARDING THE IMPACT? WERE ANY AGREEMENTS MADE?**

CLICK HERE TO ENTER TEXT.

**DO YOU ANTICIPATE THAT STUDENTS WILL BE TAKING ANY OF THE PREREQUISITES LISTED FOR THIS COURSE IN DIFFERENT PARTS OF THE SAME TERM?** SELECT ANSWER.

**IS ANY COREQUISITE LISTED ON THIS COURSE LISTED AS A COREQUISITE ON ITS PAIRED COURSE?** SELECT ANSWER.

eXAMPLE: CHM 2032 IS A COREQUISITE FOR CHM 2032L AND CHM 2032L IS A COREQUISITE FOR CHM 2032.

### SECTION III

**PROVIDE JUSTIFICATION FOR CURRICULUM ACTION (OTHER EXPLANATORY INFORMATION):**

Following an analysis of the cardiovascular technology program assessments, outcomes and reviews, program personell and the Advsiory committee recommended (see meeting minutes of October 2, 2009 - #9) a change to the timming of this course from the spring to the spring b semester. Due to the fact that only cardiovascular technology students now take this course (previously respiratory care students also took this course), a change in the course prefix and title is also remommended. With the overall rebalance of the program there will be no change in the total number of credit hours.

**NOTE:**

CHANGES FOR THE UPCOMING FALL TERM MUST BE SUBMITTED AND APPROVED NO LATER THAN THE FEBRUARY CURRICULUM COMMITTEE MEETING PRIOR TO THE START OF THE NEXT ACADEMIC YEAR. CHANGES DURING MID-SCHOOL YEAR ARE NOT ALLOWED. EXTREME CIRCUMSTANCES WILL REQUIRE APPROVAL FROM THE VICE PRESIDENT OF ACADEMIC AND STUDENT AFFAIRS TO BEGIN IN THE SPRING TERM. THE PROPOSED CHANGES MUST BE PRESENTED AND APPROVED BY THE SEPTEMBER CURRICULUM COMMITTEE PRIOR TO THE SPRING SEMESTER.

**EXCEPTION:**   
COURSES PUBLISHED IN THE 2010-2011 CATALOG THAT ARE PENDING CURRICULUM APPROVAL WILL BE EFFECTIVE SPRING 2011.

**TERM IN WHICH PROPOSED ACTION WILL TAKE PLACE:** FALL 2011 TYPE OTHER

VPASA SIGNATURE (IF NECESSARY) TO APPROVE CURRICULUM ACTION MID-YEAR:

APPROVED EFFECTIVE TERM



**FACULTY ENDORSEMENTS:**PLEASE SEPARATE FACULTY MEMBERS WITH A COMMA (,)



**DEPARTMENT CHAIR / PROGRAM COORDINATOR ENDORSEMENT:**

 12/16/2010

**ASSOCIATE / ACADEMIC DEAN ENDORSEMENT:**

 PLEASE SELECT TODAY’S DATE.

**STUDENT ASSESSMENT COMMITTEE CHAIR ENDORSMENT:**

 PLEASE SELECT TODAY’S DATE.

**DISTRICT DEAN OF INSTRUCTION ENDORSEMENT:**

 1/21/2011

AFTER REVIEWING AND SIGNING THIS PROPOSAL, THE DISTRICT DEAN WILL RETURN THE PROPOSAL TO THE DEPARTMENT CHAIR OR PROGRAM COORDINATOR WILL SUBMIT THE PROPOSAL TO THE VPASA OFFICE.

THE DEPARTMENT CHAIR/PROGRAM COORDINATOR WILL SEND THIS PROPOSAL ALONG WITH ANY OTHER PROPOSALS FROM HIS/HER DEPARTMENT BEING SUBMITTED FOR REVIEW BY THE CURRICULUM COMMITTEE TO THE STUDENT ASSESSMENT COMMITTEE FOR REVIEW. ONCE APPROVED BY THE STUDENT ASSESSMENT COMMITTEE, SUBMIT THE PROPOSAL(S) TO THE OFFICE OF THE VICE PRESIDENT OF ACADEMIC AND STUDENT AFFAIRS AT LEAST TWO FRIDAYS PRIOR TO THE NEXT SCHEDULED CURRICULUM COMMITTEE MEETING.

FOR MORE DETAILS, PLEASE REFER TO THE CURRICULUM COMMITTEE GUIDELINES, CURRICULUM PROCESS FLOW CHART AND THE CRITICAL DATES TABLE BY CLICKING CURRICULUM COMIITTEE ON THE FACULTY/STAFF LINK FROM THE EDISON HOMEPAGE (CLICK ON THE CURRICULUM PROCESS LINK).

REVISED: 8/25/10