## change of COURSE PROPOSAL FORM

**ACADEMIC AREA:** SCHOOL OF NURSING

**PROGRAM:** AS NURSING RN BASIC PROGRAM

**PROPOSEd by**: Gayle Wetzel

**PRESENTER:** gayle wetzel

**SUBMISSION DATE:** 1/3/2012

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

### Nur 1062l health assessment and skills practicum (ap)

### SECTION I

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

**** lecture/lab course must have “c” / lab course must have “l”

 type new COURSE TITLE HERE

**** TYPE IN DEPARTMENT

****

**** sELECT MINIMUM GRADE. THE DEFAULT IS “D”

**** From: NUR 1062, NUR 1204/1204L, NUR 1932, DEP 2004, PSY 2012  
To: nur1062

**** 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.

****

Click here to enter topic outline. Feel free to use bullets to format the 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 (must complete each item below)

**ICS CODE FOR THIS COURSE:** ADVANCED AND PROFESSIONAL - 1.11.12 - HEALTH PROFESSIONS

**IF YOU INTEND TO RESTRICT STUDENT REGISTRATION BASED ON THE STUDENTS’ MAJOR(S), ENTER ALL APPLICABLE MAJOR RESTRICTION CODE(S)—Enter “NA” OR MAJOR code(S):**

Basic nursing program

**GRADE MODE:** -- NO CHANGE --

**IS THIS AN “INTERNATIONAL OR DIVERSITY FOCUS” COURSE?** NO

**IS THIS A GENERAL EDUCATION COURSE?** NO

**IS THIS A WRITING INTENSIVE COURSE?** NO

**iS THIS AN HONORS COURSE?** NO

**IS THIS A REPEATABLE\* COURSE?** NO

(A repeatable course may be taken more than one time for additional credits. For example, MUT 2641, a 3-credit hour course, can be repeated 1 time and a student can earn a maximum of 6 credits.)

\*not the same as Multiple Attempts or Grade Forgiveness

**IF “YES”, WHAT IS THE MAXIMUM NUMBER OF CREDITS A STUDENT CAN EARN FOR THIS COURSE? if “NO”, ENTER “na” BELOW.**

na

**DO YOU EXPECT TO OFFER THIS COURSE THREE TIMES OR LESS?** NO

**WILL THESE CHANGES HAVE AN IMPACT ON OTHER COURSES, PROGRAMS OR DEPARTMENTS?** YES

**IF “YES,” please eXPLAIN or submit comments (ENTER “NA” or COMMENTS):**

it will require changes in corequisite to nur 1022l, nur 1023L, nur 1060 and nur 1060L

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

this action was discussed with the coordinators of the nursing programs, director of nursing and dean of professional and technical studies

**DO YOU ANTICIPATE THAT STUDENTS WILL BE TAKING ANY OF THE PREREQUISITES LISTED FOR THIS COURSE IN DIFFERENT PARTS OF THE SAME TERM?** NO

**IS ANY COREQUISITE LISTED ON THIS COURSE LISTED AS A COREQUISITE ON ITS PAIRED COURSE?** YES

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

### SECTION III (MUST COMPLETE EACH ITEM BELOW)

**PROVIDE JUSTIFICATION FOR EACH CHANGE ON THIS PROPOSED CURRICULUM ACTION (OTHER EXPLANATORY INFORMATION)—ENTER “na” OR TEXT:**

the evening basic nursing program has piloted a slightly different sequencing of courses from the day basic program. this has required numerous “overrides” for students to register. the re-sequencing has been successful and that NUR 1204/1204L, NUR 1932, DEP 2004, and PSY 2012  
do not need to be co-requisites of NUR1062L

**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 DISTRICT DEAN OF INSTRUCTION AS WELL AS THE VICE PRESIDENT OF ACADEMIC AFFAIRS TO BEGIN IN EITHER THE SPRING OR SUMMER TERM.

**TERM IN WHICH PROPOSED ACTION WILL TAKE PLACE:**

FALL 2012 TYPE IN TERM IF “EXCEPTION” AND OBTAIN BOTH SIGNATURES BELOW OR TYPE “NA”

**oRDER OF APPROVAL FOR EXCEPTIONS IS AS FOLLOWS:**

SIGNATURE #1 NEEDED FOR EFFECTIVE TERM EXCEPTION:



SIGNATURE #2 NEEDED FOR EFFECTIVE TERM EXCEPTION:



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



**DEPARTMENT CHAIR / PROGRAM COORDINATOR ENDORSEMENT:**

 1/3/2012

**ASSOCIATE / ACADEMIC DEAN ENDORSEMENT:**

 1/12/2012

**DEANS’ COUNCIL Review – verified by:**

 1/18/2012

**STUDENT ASSESSMENT COMMITTEE CHAIR ENDORSEMENT:**

 PLEASE SELECT TODAY’S DATE

**FOR CURRICULUM COMMITTEE MEETING DATE:**



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 VPAA 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 DROPBOX BY THE MEETING DUE DATE. FOR MORE DETAILS, PLEASE REFER TO THE CURRICULUM COMMITTEE MANUAL: www.edison.edu/facultystaff/curriculum.php