## change of COURSE PROPOSAL FORM

**ACADEMIC AREA:** HEALTH PROFESSIONS

**PROGRAM:** AS RESPIRATORY CARE

**PROPOSEd by**: Dr. J.B. Elsberry

**PRESENTER:** Dr. J.B. Elsberry

**SUBMISSION DATE:** 12/18/2012

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

### ReT 2714 Neonatal –Pediatric Respiratory Care -AS 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

**** LIST ALL PREREQUISITES IN SEQUENTIAL ORDER

**** sELECT MINIMUM GRADE rEQUIRED

**** DELETE ALL: RET 2234C, RET 2254C, RET 2875L

**** 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):**

RSPT

**GRADE MODE:** STANDARD GRADING

**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?**

NO

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

NA

**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)?**

NA

**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?**

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

NO

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

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

This course is now offered only in the Fall semester and ONE OF THE previously listed co-requisiteS RET 2875L IS only offered in the Spring semester. tHIS CHANGE WILL BENEFIT BOTH NATIVE AND TRANSFERRING STUDENTS FOR THE 2ND yEAR- fALL sEMESTER, RESPIRATORY cARE STUDENTS.

**nOTE:** Changes for the Fall 2013 Term must be submitted and approved no later than the January Curriculum Committee Meeting prior to the start of the next academic year. Changes during mid-school year are NOT permitted. Extreme circumstances will require approval from the appropriate dean 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 2013

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:**

 12/18/2012

**ASSOCIATE / ACADEMIC DEAN ENDORSEMENT:**

 1/3/2013

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

 1/16/2013

**STUDENT ASSESSMENT COMMITTEE CHAIR ENDORSEMENT:**

 PLEASE SELECT TODAY’S DATE

**FOR CURRICULUM COMMITTEE MEETING DATE: February 22, 2013**

Completed curriculum proposals must be uploaded to the dropbox by the deadline. Please refer to the *Curriculum Committee Critical Dates for Submission for Proposals* document available in the document manager in the MyEdisonState Portal:

* Document Manager
* VP Academic Affairs
* Curriculum Process Documents