# **Curriculum Committee**



## <u>Discontinuation of Program, Certificate, or</u> <u>Course Proposal</u>

School or Division	School of Health Professions
Proposed by (faculty only)	Carrie Carty, June Davis
Presenter (faculty only)	June Davis
Note that the presenter (faculty) listed ab	ove must be present at the Curriculum Committee meeting
or the proposal will be returned to the Sch	nool or Division and must be resubmitted for a later date.
Submission date	9/25/2019
Course prefix, number, and title	NUR 2140 Pharmacology for Nurses – 2 credits
All Curriculum proposals require approval	of the Curriculum Committee and the Provost. Final
approval or denial of a proposal is reflected	ed on the completed and signed proposal.
Approve	□ Do Not Approve
10 / 10	11 .11 .10
Maria C. Miss	11-11-19
Man C. Mus Curriculum Committee Chair Signature	Date
Approve	☐ Do Not Approve
01 0	13
1 Min m	11-19-19
V	Date
Provost Signature	Dute
All Curriculum proposals require review b	y the Office of Accountability & Effectiveness.
Reviewed	,
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Day Wash	11/26/19
Office of Accountability & Effectiveness Si	

#### Section I, Important Dates and Endorsements Required

**NOTE:** Course and Program changes must be submitted by the dates listed on the published Curriculum Committee Calendar. Exceptions to the published submission deadlines must receive prior approval from the Provost' Office.

Term in which approved action will take place	Fall 2020
Provide an explanation below for the requested	exception to the effective date.
Type in the explanation for exception.	

* *	start date requires the signatures of the	he Academic Dean and Provost
prior to submission to the D	Propbox.	
Dean	Signature	Date
Dr. Paula Tropello	DIVION	1100 9/25/1c
Provost	Signature	Date
Dr. Eileen DeLuca		

Required Endorsements	Type in Name	Select Date
Department Chair or Program	Dr. Debra Selman	9/25/2019
Coordinator/Director	Neborah Selmen	
Academic Dean or Provost	Dr. Paula Tropello	9/25/ <del>2019</del>
	Whomello	

List all faculty endorsements below. (Note that proposals will be returned to the School or Division if faculty endorsements are not provided).

Approved by faculty at ASN District meeting

Revised: 11/11, 6/12, 6/13, 7/14, 8/15, 8/16, 8/17, 5/18, 6/18; 10/18

#### **Section II, Action**

Please select one of the following	Discontinuation of Course
22 200 100 P. S.	

#### Section III, Complete for Program Discontinuation

	Little Control of Control
Select program of certificate for discontinuation	List name of program or certificate
Explain (below) the reason for the discontinuation	
Explanation for discontinuation. Along with the s	ummary, delineate the parties that have endorsed
the Termination of this Program such as Advisory	Board, Faculty, and/or Ad Hoc Committees.
Submit Minutes of meetings and endorsements a	ong with this form.
Teach out plan required: SACSCOC requires a teach	h out plan for the discontinuation of programs or
certificates. Please refer to the teach out plan tem	plate available on the document manager. Attach
the teach out plan to this document.	
If this program or certificate discontinuation will I	equire discontinuing courses, complete section IV

#### Section IV, Complete for Course Discontinuation

Enter course(s) to be discontinued (add	d rows if necessary)
Course Prefix and Number	Course title (as listed in the catalog)
NUR 2140	Pharmacology for Nurses

#### Section V, Justification for Proposal

### Provide justification (below) for this proposed curriculum action

This course has been replaced by NUR 2095 Introduction to Pharmacological Nursing and NUR 2145 Pharmacological Nursing. There are no current students who need to repeat this course.

Revised: 11/11, 6/12, 6/13, 7/14, 8/15, 8/16, 8/17, 5/18, 6/18; 10/18