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| **School or Division** | School of Health Professions |
| **Proposed by (faculty only)** | June Davis |
| **Presenter (faculty only)** | June Davis |
| Note that the presenter (faculty) listed above must be present at the Curriculum Committee meeting or the proposal will be returned to the School or Division and must be resubmitted for a later date. | |
| **Submission date** | 11/2/2020 |
| **Course prefix, number, and title** | NUR 2145 Pharmacological Nursing |

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| All Curriculum proposals require approval of the Curriculum Committee and the Provost. Final approval or denial of a proposal is reflected on the completed and signed proposal. | | | | | |
|  | Approve |  | | Do Not Approve |  |
|  | | | |  | |
| *Curriculum Committee Chair Signature* | | |  | *Date* | |
|  | Approve |  | | Do Not Approve |  |
|  | | | |  | |
| *Provost Signature* | | |  | *Date* | |
|  | | | | | |
| All Curriculum proposals require review by the Office of Accountability & Effectiveness. | | | | | |
|  | Reviewed |  | | | |
|  | | | |  | |
| *Office of Accountability & Effectiveness Signature* | | |  | *Date* | |

**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.

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| **Term in which approved action will take place** | Fall 2021 |
| **Provide an explanation below for the requested exception to the** effective **date.** | |
| Type in the explanation for exception. | |

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| **Any exceptions to the term start date requires the signatures of the Academic Dean and Provost prior to submission to the Dropbox.** | | |
| **Dean** | **Signature** | **Date** |
| Type name here |  |  |
| **Provost** | **Signature** | **Date** |
| Dr. Eileen DeLuca |  |  |

| **Required Endorsements** | **Type in Name** | **Select Date** |
| --- | --- | --- |
| **Department Chair or Program Coordinator/Director** | Prof. June Davis | Click here to enter a date. |
| **Academic Dean or Provost** | Dr. Eileen DeLuca | Click here to enter a date. |

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| **List all faculty endorsements below. (Note that proposals will be returned to the School or Division if faculty endorsements are not provided).** |
| June Davis, Carrie Carty |

**Section II, Action**

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| **Please select one of the following** | Discontinuation of Course |

**Section III, Complete for Program Discontinuation**

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| **Select program of certificate for discontinuation** | List name of program or certificate |
| **Explain (below) the reason for the discontinuation** | |
| It was determined by the state that, based on the state numbering system, NUR 2145 be changed to NUR 2144 because NUR 2145 is an upper level course and not appropriate for our level. The courses NUR 2145 and NUR 2144 are equivalent. | |
| **Teach out plan required:**  SACSCOC requires a teach out plan for the discontinuation of programs or certificates. Please refer to the teach out plan template available on the document manager. Attach the teach out plan to this document. | |
| **If this program or certificate discontinuation will require discontinuing courses, complete section IV** | |

**Section IV, Complete for Course Discontinuation**

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| --- | --- |
| **Enter course(s) to be discontinued** (add rows if necessary) | |
| **Course Prefix and Number** | **Course title** (as listed in the catalog) |
| NUR 2145 | Pharmacological Nursing |
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**Section V, Justification for Proposal**

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| **Provide justification (below) for this proposed curriculum action** |
| It was determined by the state that, based on the state numbering system, NUR 2145 be changed to NUR 2144 because NUR 2145 is an upper level course and not appropriate for our level. The courses NUR 2145 and NUR 2144 are equivalent. |