Course Change Request Form

1. Date: __Sept. 5, 2013__  Department: ___Health Sciences__________________________

2. Purpose and nature of change (include relevant assessment data to support this proposal): The purpose of this change is to recalculate the faculty workload for NUR 4471L when it is offered to our (licensed) RN to BSN online students. The students will be completing the clinical requirement of this course in a clinical agency in their own geographic area. The instructor of record will receive load for the online lecture portion, NUR 4471. When NUR 4471L is offered to our Sayre campus BSN students, the section 50 will be assigned the regular load amounts.

3. Old Prefix: ____NUR ____  Old Number: ____4471L______  Old CIP:________________

   New Prefix: ___________________  New Number: ___________________  New CIP:______________

4. Old Course Title: ____Community Health Nursing Lab______________________________

   New Course Title: ______________________________________________________________

   Abbreviated Title (for Master Schedule), Maximum 20 spaces

   ____________________________________________________________

   Complete only items below being changed

5. Credits (Place number of credits beside appropriate types)

   OLD Credit(s) _0_____ Undergraduate
   NEW Credit(s) _0_____ Undergraduate
   OLD Credit(s) _____ Graduate
   NEW Credit(s) _____ Graduate

   For variable credits, list Minimum Credit _____ Maximum Credits _____

6. OLD Clock Hours:      Lecture _____  Recitation _____ Lab _____

   NEW Clock Hours:      Lecture _____  Recitation _____ Lab _____

   OLD Contract Hours:  Lecture _____  Recitation _____ Lab __9.0__

   NEW Contract Hours:  Lecture _____  Recitation _____ Lab __0__ when offered as section 190

   To repeat for additional credit (not repeat of previously earned grade), list maximum
   hours of credit that may be earned over multiple semesters _____ semester hours.

7. Course Description for Catalog (limit to four sentences):

8. Prerequisites: (Courses which MUST be completed prior to taking this course) ________

9. Co-requisites: (Courses which must be taken prior to or simultaneously with) _____________

10. If taught dual-level or cross-listed with another department, list:

    Prefix _____  Number _____  Support Signature _______________________________________

    If dual-level, attach a document that indicates content, assignments and assessments for graduate and undergraduate courses.

11. List Student Learning Outcomes and describe evaluative techniques for this course in the attached syllabus.

12. New faculty resources needed?   ____Yes   ____ No

13. Requested date of offering (Must meet new catalog deadline of March 1) _______________
15. Estimated Frequency of Offering: ___________________________________________

16. List all programs that require this course. **Provide support from affected departments.**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

17. New Library Resources Needed? ____Yes  ____ No, if yes:
Signature of appropriate librarian indicating needs can be met:
________________________________________________________________________

17. New Technology Resources Needed? ____Yes  ____ No  If yes:
Signature of Director of Information Technology indicating that needs can be met:
________________________________________________________________________

18. New Equipment resources needed? ____Yes  ____ No  If yes:
Describe Equipment: _______________________________________________________
Source of funding: _________________________________________________________

19. List 1 – 3 sample textbooks for this course:

________________________________________________________________________

20. Describe any student enrollment restrictions (limited to majors in program XXX, restricted from majors in program XXX, etc.)

21. Request that Course be considered for General Education Credit. Please check applicable boxes.

a. _____ Satisfy Foundation of Knowledge Requirement
   i. _____Written Communication
   ii. _____Oral Communication

b. _____ Satisfy Approaches of Knowledge Requirement
   i. _____Humanities
   ii. _____Mathematics
   iii. _____Natural Sciences
   iv. _____Social and Behavioral Sciences

c. _____ Satisfy Unity and Diversity of Humanity
   i. ______Language other than English
   ii. ______Western and Non Western Global Cultures
   iii. ______Strand 1 Ethics and Civic Responsibility
   iv. ______Strand 2 Environmental, Economic, Social, and Personal Sustainability
   v. ______Strand 3 Arts and Human Experience

**You must submit a separate application for General Education Credit.**

22. Does this course impact any Education Programs? ____ Yes  ____ No
If Yes: Signature of Chair of TEC must appear below.
23. Special Needs, if any:

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<thead>
<tr>
<th>Recommendation Dates and Signatures:</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Department:</td>
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<td>TEC (if any education program):</td>
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<td>Gen'l Education Subcomm. (if necessary):</td>
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<td>Graduate Council (if necessary):</td>
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<td>Academic Affairs Committee:</td>
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<td>University Senate:</td>
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<td>President:</td>
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MU Form A41C – Effective 4/1/01