Course Change Request Form

1. Date: 8/27/13 Department: Health Sciences

2. Purpose and nature of change (include relevant assessment data to support this proposal): 

   Remove prerequisite from NUR 5550, The Nurse in Academe: Issues in Higher Education, a nursing elective in the MSN program. After reviewing the curriculum and surveying students, the nursing faculty decided that this course does not need a prerequisite. Additionally, by not having a prerequisite for this course, students can begin the program during the summer semester. No other changes.

3. Old Prefix: __________________ Old Number: ________________ Old CIP: ________________
   New Prefix: __________________ New Number: ________________ New CIP: ________________

4. Old Course Title: ________________________________________________________
   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) _____ Undergraduate
   NEW Credit(s) _____ 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 _____
   NEW Contract Hours:
   Lecture _____ Recitation _____ Lab _____

7. 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.

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

9. Prerequisites: (Courses which MUST be completed prior to taking this course) _______

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

11. 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.

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

13. New faculty resources needed? ____Yes ____ No

14. 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