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 5585, Power and Politics in Healthcare, 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