New Course Request Form

1. Date: 4/29/13 Department: Health Sciences

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

This course is a portfolio requirement in the MSN program. The course has no credit attached nor does it have a syllabus. Students will develop the portfolio throughout the MSN curriculum. The purpose of this course is to assure that students complete a portfolio as a requirement for graduation. The course will be graded as satisfactory if the student completes a portfolio and unsatisfactory if he/she does not complete a portfolio. If the student does not submit a portfolio, he/she will not graduate until it is completed.

3. Prefix: NUR Number: 5595 CIP:

4. Course Title: MSN Program Portfolio

Abbreviated Title (for Master Schedule), Maximum 20 spaces

MSN PORTFOLIO

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

Credit(s) _____ Undergraduate
Credit(s) _____ Graduate

For variable credits, list Minimum Credit _____; Maximum Credits _____

6. Clock Hours: Lecture _____ Recitation _____ Lab _____

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):

The MSN program portfolio is a requirement for graduation from the program.

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 evaluation techniques for this course in an attached syllabus:

13. Courses to be eliminated: (Course deletion form must be completed):

Prefix _____ Number _____

If none: How will increased offerings be staffed?
13. New faculty resources needed? ____Yes ____ No

14. Requested initial date of offering (Must meet new catalog deadline of March 1)_______

15. Estimated Frequency of Offering: ________________________________________________

16. 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 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 A41N – Effective 4/1/01