

REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

APR 15 2004

Program Nursing

Formal Option BSN (if applicable) Or Specialty Field _____ (if applicable)

Department (if applicable) Nursing

College (if applicable) Nursing

Degree title Bachelor of Science Bulletin PP _____

CIP Code _____ UK ID No. _____ HEGIS Code _____

Accrediting Agency (if applicable) _____

I. PROPOSED CHANGE(S) IN PROGRAM REQUIREMENTS

1. Particular University Studies Requirements or Recommendations for this program

	<u>Current</u>	<u>Proposed</u>
English Writing	_____	_____
Communication	_____	_____
Mathematics	_____	_____
Area I (Natural Science)	_____	_____
Area II (Social Science)	_____	_____
Area III (Humanities)	_____	_____
Area IV (Cross-disciplinary component)	_____	_____
Area V (Non-western cultural component)	_____	_____

2. College Depth and Breadth of Study Requirements (if applicable) (including particular courses required or recommended for this program) NOTE: To the extent that proposed changes in 2 through 6 involve additional courses offered in another program, please submit correspondence with the program(s) pertaining to the availability of such courses to your students.

<u>Current</u>	<u>Proposed</u>
_____	_____
_____	_____
_____	_____
_____	_____

3. Premajor or Preprofessional Course Requirements (if applicable)

<u>Current</u>	<u>Proposed</u>
ANA 209 & PGY 206	ANA 109 & 110
_____	_____
_____	_____
_____	_____

Total Hours _____

4. Credit Hours Required

	<u>Current</u>	<u>Proposed</u>
a. Total Required for Graduation	_____	_____
b. Required by level		
100	_____	_____
200	_____	_____
300	_____	_____
400-500	_____	_____
c. Premajor or Preprofessional (if applicable)	_____	f. Hours Needed for a Particular Option Or Specialization (if applicable) _____
d. Field of Concentration (if applicable)	_____	g. Technical or Professional Support Electives (if applicable) _____
e. Division of Hours Between Major Subject and Related Field (if applicable)	_____	h. Minimum Hours of Free or Supportive Electives (Required) _____

5. Major or Professional Course Requirements

<u>Current</u>	<u>Proposed</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. Minor Requirements (if applicable)

<u>Current</u>	<u>Proposed</u>
_____	_____
_____	_____
_____	_____
_____	_____

Total Hours _____

7. Rationale for change(s): (If rationale involves accreditation requirements, please include specific references to those requirements.)

There are multiple issues - one is the pre-requisites for ANA 209 & PGY 206 cannot be met by pre-nursing students in their first year. Another is the fact that ANA & PGY fill during priority registration and no pre-nursing students can enroll thereby delaying their progression to professional status by a year. We met with the Anatomy faculty last spring and outlined the problems and asked for help in solving the problem. This was the solution they offered. The blend of systems and structures will provide students the opportunity to integrate more naturally the concepts of Anatomy and Physiology and will strengthen their foundation.

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8. List below the typical semester by semester program for a major.

Current		Proposed	
F- ANA 209	S- PGY 206	F- ANA 109	S- ANA 110
CHE 104	CHE 106	CHE 104	CHE 106
PSY 100	ENG 104 or USP	PSY 100	ENG 104 or USP
ENG 104 or USP	SEC SCI	ENG 104 or USP	SEC SCI
F- BIO 208	S- NUR 762	F- BIO 208	S- NUR 766
NFS 212	NUR 763	NFS 212	NUR 763
NUR 760	STA 200 or HSM 241	NUR 761	STA 200 or HSM 241
NUR 761	ENG 2KK	NUR 763	ENG 2KK
F- NUR 764	S- NUR 772	F- NUR 770	S- NUR 772
NUR 771	NUR 773	NUR 771	NUR 773
STA 200 or HSM	USP	STA 200 or HSM	USP
USP		USP	
F- NUR 880	S- NUR 884	F- NO Δ	S- NO Δ
NUR 881	NUR 885		
NUR 883	NUR 886		

Will this program be printed in the Bulletin?

Yes No

Signatures of Approval

D. Brucke
Department Chair

4/13/4
Date

Cynthia A. Williams
Dean of the College

4/13/4
Date

Undergraduate Council
*Undergraduate Council

Date of Notice to the Faculty
4/13/2004
Date

*University Studies

Date

*Graduate Council

Date

Academic Council for the Medical Center

Date

Senate Council

Date of Notice to University Senate

*If applicable, as provided by the Rules of the University Senate

ACTION OTHER THAN APPROVAL