

REQUEST FOR NEW COURSE

1. General Information.				
a.	Submitted by the College of: <u>Nursing</u>	Today's Date:	<u>10-02-2009</u>	
b.	Department/Division: _____			
c.	Contact person name: <u>Terry Lennie</u>	Email: <u>tlennie@uky.edu</u>	Phone: <u>323-6631</u>	
d.	Requested Effective Date:	<input type="checkbox"/> Semester following approval	OR	<input checked="" type="checkbox"/> Specific Term/Year ¹ : <u>Fall 2010</u>
2. Designation and Description of Proposed Course.				
a.	Prefix and Number:	<u>NUR771</u>		
b.	Full Title:	<u>Research Experience</u>		
c.	Transcript Title (if full title is more than 40 characters):	_____		
d.	To be Cross-Listed ² with (Prefix and Number):	<u>NA</u>		
e.	Courses must be described by <u>at least one</u> of the meeting patterns below. Include number of actual contact hours ³ for each meeting pattern type.			
	<u> </u> Lecture	<u> </u> Laboratory ¹	<u> </u> Recitation	<u> </u> Discussion
	<u> </u> Clinical	<u> </u> Colloquium	<u> </u> Practicum	<u>3</u> Research
	<u> </u> Seminar	<u> </u> Studio	<u> </u> Other – Please explain: _____	
f.	Identify a grading system:	<input checked="" type="checkbox"/> Letter (A, B, C, etc.)	<input type="checkbox"/> Pass/Fail	
g.	Number of credits:	<u>1-3</u>		
h.	Is this course repeatable for additional credit?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	If YES: Maximum number of credit hours:	<u>3</u>		
	If YES: Will this course allow multiple registrations during the same semester?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
i.	Course Description for Bulletin:	Students work closely with a faculty research mentor to develop specific research skills by actively participating in a research study. Emphasis is placed on obtaining skills or research experiences needed to begin a sustained program of research.		
j.	Prerequisites, if any:	<u>Admission to the PhD program in nursing or consent of instructor</u>		
k.	Will this course also be offered through Distance Learning?	YES ⁴ <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
l.	Supplementary teaching component, if any:	<input type="checkbox"/> Community-Based Experience	<input type="checkbox"/> Service Learning	<input type="checkbox"/> Both
3.	Will this course be taught off campus?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
4. Frequency of Course Offering.				

¹ Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

² The chair of the cross-listing department must sign off on the Signature Routing Log.

³ In general, undergraduate courses are developed on the principle that one semester hour of credit represents one hour of classroom meeting per week for a semester, exclusive of any laboratory meeting. Laboratory meeting, generally, represents at least two hours per week for a semester for one credit hour. (from SR 5.2.1)

⁴ You must *also* submit the Distance Learning Form in order for the proposed course to be considered for DL delivery.

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a.	Course will be offered (check all that apply):	<input checked="" type="checkbox"/> Fall	<input checked="" type="checkbox"/> Spring	<input checked="" type="checkbox"/> Summer
b.	Will the course be offered every year?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	If NO, explain: _____			
5.	Are facilities and personnel necessary for the proposed new course available?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	If NO, explain: _____			
6.	What enrollment (per section per semester) may reasonably be expected?	10		
7.	Anticipated Student Demand.			
a.	Will this course serve students primarily within the degree program?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
b.	Will it be of interest to a significant number of students outside the degree pgm?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
	If YES, explain: _____			
8.	Check the category most applicable to this course:			
	<input checked="" type="checkbox"/> Traditional – Offered in Corresponding Departments at Universities Elsewhere			
	<input type="checkbox"/> Relatively New – Now Being Widely Established			
	<input type="checkbox"/> Not Yet Found in Many (or Any) Other Universities			
9.	Course Relationship to Program(s).			
a.	Is this course part of a proposed new program?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
	If YES, name the proposed new program: _____			
b.	Will this course be a new requirement ⁵ for ANY program?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	If YES ⁵ , list affected programs: PhD in Nursing			
10.	Information to be Placed on Syllabus.			
a.	Is the course 400G or 500?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
	If YES, the <i>differentiation for undergraduate and graduate students must be included</i> in the information required in 10.b . You must include: (i) identification of additional assignments by the graduate students; and/or (ii) establishment of different grading criteria in the course for graduate students. (See SR 3.1.4.)			
b.	<input checked="" type="checkbox"/> The syllabus, including course description, student learning outcomes, and grading policies (and 400G-/500-level grading differentiation if applicable, from 10.a above) are attached.			

⁵ In order to change a program, a program change form must also be submitted.

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Signature Routing Log

General Information:

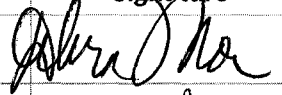
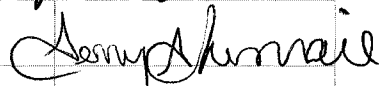
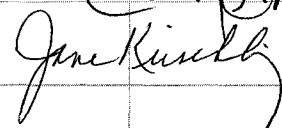
Course Prefix and Number: NUR7 71

Proposal Contact Person Name: Terry A. Lennie Phone: 323-6631 Email: tlennie@uky.edu

INSTRUCTIONS:

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

Internal College Approvals and Course Cross-listing Approvals:

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
PhD Curriculum Committee	May 2009	Debra Moser / 3-6687 / dmoser@uky.edu	
Graduate Faculty	May 2009	Terry Lennie / 3-6631 / tlennie@uky.edu	
Dean	10/13/09	Jane Kirschling / 3-4857 / janek@email.uky.edu	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁶
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

⁶ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

NUR 771 RESEARCH EXPERIENCE

CREDIT: 1-3 credits

COURSE DESCRIPTION:

Students work closely with a faculty research mentor to develop specific research skills by actively participating in a research study. Emphasis is placed on obtaining skills or research experiences needed to begin a sustained program of research.

PREREQUISITES: Doctoral student in the College of Nursing or consent of the instructor

COURSE OBJECTIVES:

Provide students with mentored research experiences to develop research skills and/or gain additional research experience that support development of a program of research.

LEARNING METHODS: Active participation in a research study, self-study, and faculty mentorship.

EVALUATION:

Completion of research-related project or development of a scholarly product that meets the goals of the residency jointly set by student and faculty mentor.

Research residency requirement can be waived by student's Advisory Committee if while in the PhD program the student works in a research position or as a research assistant for a minimum of 10 hours per week for 15 weeks.

FACULTY:

Graduate Faculty in the College of Nursing

REQUIRED READING:

Determined by student and faculty