

## COURSE CHANGE FORM

Complete 1a – 1f & 2a – 2c. Fill out the remainder of the form as applicable for items being changed.

<b>1. General Information.</b>					
a. Submitted by the College of: <u>Nursing</u>		Today's Date: <u>5/26/11</u>			
b. Department/Division: _____					
c. Is there a change in "ownership" of the course? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
If YES, what college/department will offer the course instead? _____					
d. What type of change is being proposed? <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor <sup>1</sup> (place cursor here for minor change definition)					
e. Contact Person Name: <u>Pat Howard</u>		Email: <u>pbhowa00@email.u</u>		Phone: <u>323 3304</u>	
f. Requested Effective Date: <input checked="" type="checkbox"/> Semester Following Approval		OR <input type="checkbox"/> Specific Term <sup>2</sup> : _____			
<b>2. Designation and Description of Proposed Course.</b>					
a. Current Prefix and Number: <u>NUR 910</u>		Proposed Prefix & Number: _____			
b. Full Title: <u>Clinical Residency</u>		Proposed Title: _____			
c. Current Transcript Title (if full title is more than 40 characters): _____					
Proposed Transcript Title (if full title is more than 40 characters): _____					
d. Current Cross-listing: <input checked="" type="checkbox"/> N/A OR <input type="checkbox"/> Currently <sup>3</sup> Cross-listed with (Prefix & Number): _____					
Proposed – <input type="checkbox"/> ADD <sup>3</sup> Cross-listing (Prefix & Number): _____					
Proposed – <input type="checkbox"/> REMOVE <sup>3,4</sup> Cross-listing (Prefix & Number): _____					
e. <b>Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours<sup>5</sup> for each meeting pattern type.</b>					
Current: _____ Lecture _____ Laboratory <sup>5</sup> _____ Recitation _____ Discussion _____ Indep. Study					
<u>180</u> Clinical _____ Colloquium _____ Practicum _____ Research _____ Residency					
_____ Seminar _____ Studio _____ Other – Please explain: _____					
Proposed: _____ Lecture _____ Laboratory _____ Recitation _____ Discussion _____ Indep. Study					
_____ Clinical _____ Colloquium _____ Practicum _____ Research <u>180</u> Residency					
_____ Seminar _____ Studio _____ Other – Please explain: _____					
f. Current Grading System: <input type="checkbox"/> Letter (A, B, C, etc.) <input checked="" type="checkbox"/> Pass/Fail					
Proposed Grading System: <input type="checkbox"/> Letter (A, B, C, etc.) <input checked="" type="checkbox"/> Pass/Fail					
g. Current number of credit hours: <u>3</u> Proposed number of credit hours: <u>3</u>					

**Comment [OSC1]:** Excerpt from SR 3.3.0.G.2 Definition. A request may be considered a minor change if it meets one of the following criteria:  
a. change in number within the same hundred series\*;  
b. editorial change in the course title or description which does not imply change in content or emphasis;  
c. a change in prerequisite(s) which does not imply change in content or emphasis, or which is made necessary by the elimination or significant alteration of the prerequisite(s);  
d. a cross-listing of a course under conditions set forth in SR 3.3.0.E;  
e. correction of typographical errors.

\*...for the specific purposes of the minor exception rule, the 600-799 courses are the same "hundred series," as long as the other minor change requirements are complied with. [RC 1/15/09]

<sup>1</sup> See comment description regarding minor course change. *Minor changes are sent directly from dean's office to Senate Council Chair.* If Chair deems the change as "not minor," the form will be sent to appropriate academic Council for normal processing and contact person is informed.

<sup>2</sup> Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

<sup>3</sup> Signature of the chair of the cross-listing department is required on the Signature Routing Log.

<sup>4</sup> Removing a cross-listing does not drop the other course – it merely unlinks the two courses.

<sup>5</sup> Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting generally represents at least two hrs per wk for a semester for 1 credit hour. (See SR 5.2.1.)

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<b>h. Currently, is this course repeatable for additional credit?</b>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<i>Proposed to be repeatable for additional credit?</i>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<i>If YES: Maximum number of credit hours:</i>	<u>No set maximum. Students are required to complete a minimum of 6 credits.</u>	
<i>If YES: Will this course allow multiple registrations during the same semester?</i>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<b>i. Current Course Description for Bulletin:</b>	<u>This course provides students with the tools to evaluate and improve health care programs and clinical outcomes. Students develop feasible and reliable program evaluation designs. Students analyze the nature of, and explanations for variations in clinical practice patterns and clinical outcomes. Emphasis is on the use of program evaluation for improvements in clinical outcomes, efficiency, resource allocation, and cost reduction. Laboratory, 24 hours per week. Course may be repeated to a maximum of six credits. Graded pass/fail.</u>	
<i>Proposed Course Description for Bulletin:</i>	<u><i>This course provides students with the tools to evaluate and improve health care programs and clinical outcomes. Students develop feasible and reliable program evaluation designs. Students analyze the nature of, and explanations for variations in clinical practice patterns and clinical outcomes. Emphasis is on the use of program evaluation for improvements in clinical outcomes, efficiency, resource allocation, and cost reduction. Requires 12 hours per week residency time. Course must be repeated to a minimum of six credits. Graded pass/fail.</i></u>	
<b>j. Current Prerequisites, if any:</b>	<u>NUR 906</u>	
<i>Proposed Prerequisites, if any:</i>	<u>completion of all DNP required coursework with exception of NUR 930</u>	
<b>k. Current Distance Learning(DL) Status:</b>	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Already approved for DL* <input type="checkbox"/> Please Add <sup>6</sup> <input type="checkbox"/> Please Drop	
*If already approved for DL, the Distance Learning Form must also be submitted <u>unless</u> the department affirms (by checking this box <input checked="" type="checkbox"/> ) that the proposed changes do not affect DL delivery.		
<b>l. Current Supplementary Teaching Component, if any:</b>	<input type="checkbox"/> Community-Based Experience <input type="checkbox"/> Service Learning <input type="checkbox"/> Both	
<i>Proposed Supplementary Teaching Component:</i>	<input type="checkbox"/> Community-Based Experience <input type="checkbox"/> Service Learning <input type="checkbox"/> Both	
<b>3. Currently, is this course taught off campus?</b>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<i>Proposed to be taught off campus?</i>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<b>4. Are significant changes in content/teaching objectives of the course being proposed?</b>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If YES, explain and offer brief rationale: _____		
<b>5. Course Relationship to Program(s).</b>		
<b>a. Are there other depts and/or pgms that could be affected by the proposed change?</b>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If YES, identify the depts. and/or pgms: _____		
<b>b. Will modifying this course result in a new requirement<sup>7</sup> for ANY program?</b>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

<sup>6</sup> You must *also* submit the Distance Learning Form in order for the course to be considered for DL delivery.

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If YES <sup>7</sup> , list the program(s) here: _____		
<b>6. Information to be Placed on Syllabus.</b>		
<b>a.</b>	<input type="checkbox"/>	Check box if <u>changed to</u> 400G or 500. If <u>changed to</u> 400G- or 500-level course you must send in a syllabus and <i>you must include the differentiation</i> between undergraduate and graduate students by: (i) requiring additional assignments by the graduate students; and/or (ii) establishing different grading criteria in the course for graduate students. (See <i>SR 3.1.4.</i> )

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<sup>7</sup> In order to change a program, a program change form must also be submitted.

## COURSE CHANGE FORM

### Signature Routing Log

**General Information:**

Course Prefix and Number: NUR 910

Proposal Contact Person Name: Pat Howard      Phone: 323-3304      Email: pbhowa00@email.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
DNP Committee	5/26/11	Marcia Stanhope / 7-9335 / marcia.stanhope@uky.edu	
CON Faculty	10/13/11	Jane Kirschling / 3-6533 / janek@email.uky.edu	
		/ /	
		/ /	
		/ /	

**External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>8</sup>
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

<sup>8</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.