

## 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 918</u>		Proposed Prefix & Number: _____				
b. Full Title: <u>PROTECTION OF HUMAN SUBJECTS</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 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. Courses must be described by <b>at least one</b> of the meeting patterns below. Include number of actual contact hours <sup>5</sup> for each meeting pattern type.						
Current: _____ Lecture _____ Laboratory <sup>5</sup> _____ Recitation _____ Discussion _____ Indep. Study						
_____ Clinical _____ Colloquium _____ Practicum _____ Research _____ Residency						
_____ Seminar _____ Studio <u>15</u> Other – Please explain: _____						
Proposed: _____ Lecture _____ Laboratory _____ Recitation _____ Discussion _____ Indep. Study						
_____ Clinical _____ Colloquium _____ Practicum _____ Research _____ Residency						
_____ Seminar _____ Studio <u>15</u> Other – Please explain: _____						
f. Current Grading System: <input checked="" type="checkbox"/> Letter (A, B, C, etc.) <input 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>1</u> Proposed number of credit hours: _____						

**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 type="checkbox"/>	NO <input checked="" type="checkbox"/>
<i>Proposed to be repeatable for additional credit?</i>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<i>If YES: Maximum number of credit hours:</i> _____		
<i>If YES: Will this course allow multiple registrations during the same semester?</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>i. Current Course Description for Bulletin:</b>	<u>This course provides an overview of the institutional review board process. Included are scientific integrity and ethics in clinical scholarship. Prereq: Enrollment in Doctor of Nursing Practice program or consent of instructor</u>	
<i>Proposed Course Description for Bulletin:</i>	<u>NA</u>	
<b>j. Current Prerequisites, if any:</b>	<u>Prereq: Enrollment in Doctor of Nursing Practice program or consent of instructor</u>	
<i>Proposed Prerequisites, if any:</i>	<u>Prereq: Enrollment in Doctor of Nursing Practice program, prereq: NUR 916, NUR 919 &amp; written capstone proposal approved by student's DNP advisory committee or consent of instructor</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"/>
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 400G or 500.</u>	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 SR 3.1.4.)

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

<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 918

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 / 3-9335 / 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.