

COURSE CHANGE FORM

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

1. General Information.						
a. Submitted by the College of: <u>Nursing</u>		Today's Date: <u>5/17/11</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 ¹ (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 ² : _____				
2. Designation and Description of Proposed Course.						
a. Current Prefix and Number: <u>NUR 930</u>		Proposed Prefix & Number: _____				
b. Full Title: <u>PROBLEMS IN ADVANCED PRACTICE NURSING</u> (Subtitle required)		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): <u>Probs in Adv Pract Nsg:(SR)</u>						
d. Current Cross-listing: <input checked="" type="checkbox"/> N/A OR Currently ³ Cross-listed with (Prefix & Number): _____						
Proposed – <input type="checkbox"/> ADD ³ Cross-listing (Prefix & Number): _____						
Proposed – <input type="checkbox"/> REMOVE ^{3,4} Cross-listing (Prefix & Number): _____						
e. Courses must be described by <u>at least one</u> of the meeting patterns below. Include number of actual contact hours ⁵ for each meeting pattern type.						
Current:	_____ Lecture	_____ Laboratory ⁵	_____ Recitation	_____ Discussion	_____ Indep. Study	
	<u>60-300</u> Clinical	_____ Colloquium	_____ Practicum	_____ Research	_____ Residency	
	_____ Seminar	_____ Studio	_____ Other – Please explain: _____			
Proposed:	_____ Lecture	_____ Laboratory	_____ Recitation	_____ Discussion	_____ Indep. Study	
	_____ Clinical	_____ Colloquium	_____ Practicum	_____ Research	_____ Residency	
	_____ Seminar	_____ Studio	_____ 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 type="checkbox"/> Pass/Fail						

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]

¹ 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.

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

³ Signature of the chair of the cross-listing department is required on the Signature Routing Log.

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

⁵ 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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g.	Current number of credit hours: <u>1-5</u>	Proposed number of credit hours: <u>same</u>	
h.	Currently, is this course repeatable for additional credit?	YES <input type="checkbox"/>	NO <input checked="" 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>10 credit hours</u>	
	<i>If YES: Will this course allow multiple registrations during the same semester?</i>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
i.	Current Course Description for Bulletin:	<u>This course provides opportunity for study of clinical problems encountered in particular clinical areas of advanced nursing practice. Application of the scope and standards of specialty practice, application of evidence-based practices, and development of techniques for nursing interventions are emphasized. Course requires four hours per week clinical time for each credit hour enrolled.</u>	
	<i>Proposed Course Description for Bulletin:</i>	<u>NA</u>	
j.	Current Prerequisites, if any:	<u>Prereq: Admission to DNP Program and DNP specialty seminar, or consent of instructor.</u>	
	<i>Proposed Prerequisites, if any:</i>	<u>Prereq: Admission to DNP Program, and completion of second DNP specialty course with clinical experience (5 credit) or consent of instructor.</u>	
k.	Current Distance Learning(DL) Status:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Already approved for DL* <input type="checkbox"/> Please Add ⁶ <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.		
l.	Current Supplementary Teaching Component, if any:	<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	
3.	Currently, is this course taught off campus?	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"/>
4.	Are significant changes in content/teaching objectives of the course being proposed?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If YES, explain and offer brief rationale: _____		
5.	Course Relationship to Program(s).		
a.	Are there other depts and/or pgms that could be affected by the proposed change?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If YES, identify the depts. and/or pgms: _____		
b.	Will modifying this course result in a new requirement⁷ for ANY program?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If YES ⁷ , list the program(s) here: _____		
6.	Information to be Placed on Syllabus.		
a.	<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	

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

⁷ In order to change a program, a program change form must also be submitted.

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			students. (See <i>SR 3.1.4.</i>)
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Signature Routing Log

General Information:

Course Prefix and Number: NUR 930

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 ⁸
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

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