



SACRAMENTO
STATE

Course Change Proposal Form A



Nurs 08-09 #7

Academic Group (College): Health & Human Services	Academic Organization (Department): Nursing	Date: May 5, 2008
Type of Course Proposal: New ___ Change <u>X</u> Deletion ___	Department Chair: Ann Stoltz	Submitted by: Ann Stoltz
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <u>X</u>	For Catalog Copy: Yes <u>x</u> No ___ CCE: Yes ___ No <u>x</u>	Semester Effective: Fall <u>X</u> Spring __, 2008

This course replaces experimental course Subject Area N/A and Catalog Number N/A

This Catalog Number N/A is being replaced: N/A

Change from:

Subject Area (prefix) & Catalog No. (course no.): NURS 500	Title: Culminating Experience	Units: 3
---	--	---------------------------

Change to:

Subject Area (prefix) & Catalog No. (course no.): No change in title or number	Title: No change	Units: No change
---	-----------------------------------	-----------------------------------

JUSTIFICATION:

The culminating experience for the MS in nursing has been approved as a thesis, project, or comprehensive examination. The Division would like to request that the culminating experience be the comprehensive examination and students that wish to do a thesis or project must petition the Graduate Committee and will be approved on an individual basis. The comprehensive examination decreases the time to graduation and decreases faculty workload. More importantly it is an independent assessment of the students' mastery of graduate program objectives. There may be selective students with a strong research or clinical focus that would be successful candidates for completing the thesis or project.

NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See <http://www.csus.edu/acf/univmanual/crspsl.htm> - Guidelines for Catalog Course Description)

NURS 500. Culminating Experience. The Culminating Experience is in the form of a comprehensive examination. The comprehensive examination is an original scholarly paper that reflects an in-depth problem-solving proposal or a business proposal. Students that wish to do a thesis or project as the culminating experience must petition the Division of Nursing Graduate Committee and will be approved on an individual basis. **Prerequisite:** Advanced to candidacy for the Master's degree and must be in the final semester of the program. **Corequisite:** NURS 210B. **Graded:** Credit/No Credit. **Units:** 3.0.

Note:

Prerequisite: Advanced to candidacy for the Master's degree and must be in the final semester of the program.

Corequisite: Nurs210B

CAN (California Articulation Number):

Graded: Letter ___ Credit/No Credit X **Instructor Approval Required? Yes X No ___**

Course Classification (e.g., lecture, lab, seminar, discussion):
not changed **Title for SIS+/CMS (not more than 30 characters):**
Not changed

Cross Listed?
Yes ___ No x

If yes, do they meet together and fulfill the same requirement, and what is the other course.

How Many Times Can This Course be Taken for Credit? no change _____

Can the course be taken for Credit more than once during the same term? Yes ___ No X

FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:

Description of the Expected Learning Outcomes: Describe outcomes using the following format: "Students will be able to: 1), 2), etc."
See the example at <http://www.csus.edu/acad/example.htm>

Not a new course

****Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.**

Assessment Strategies: A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

N/A

For whom is this course being developed?
 Majors in the Dept Majors of other Depts ___ Minors in the Dept ___ General Education ___ Other ___
 Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes ___ No
 If yes, identify program(s):
 Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes ___ No
 If yes, attach a description of resources needed and verify that resources are available.
 Indicate which department or programs will be affected by the proposed course (if any). none _____
The Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form.

Approvals: If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

Signatures:	Date
Department Chair: <i>Penny D. Holt</i>	5-13-08
College Dean or Associate Dean: <i>Marilyn Hopkins</i>	5-8-08
CPSP (for school personnel courses ONLY)	
Associate Vice President and Dean for Academic Programs	

CONDITIONAL APPROVAL

Distribution: Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.