Course Change Proposal
Form A

Academic Group (College): Health & Human Services
Academic Organization (Department): Nursing
Type of Course Proposal: New X Change X Deletion
Department Chair: Ann Stoltz
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes X No
Submitted by: Ann Stoltz
For Catalog Copy: Yes X No
CCE: Yes X No X
Semester Effective: Fall X Spring, 2007

This course replaces experimental course Subject Area (prefix) and Catalog Number (course number):

This Catalog Number (course number) is being replaced:

Change from:
Subject Area (prefix) & Catalog No. (course no.): Title: Units:

Change to:
Subject Area (prefix) & Catalog No. (course no.): Title: Units:
NURS 15 Introduction to Clinical Nursing Practice 2

JUSTIFICATION:
The Division of Nursing is requesting a change from credit/no credit status to a graded course for N15. The students have verbalized a desire to have a grade reflective of work load in the course. It has also been noted by faculty that students place a lower priority on non graded courses. The content is essential to the clinical practice of nursing and therefore a very high priority and should be graded as such.

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

Unchanged

Note:

Prerequisite:
Enforced at Registration: Yes X No Unchanged
Corequisite:
Enforced at Registration: Yes X No Unchanged
CAN (California Articulation Number):
Graded: Letter X Credit/No Credit
Instructor Approval Required? Yes X No Unchanged
Course Classification (e.g., lecture, lab, seminar, discussion):
Title for SIS+/CMS (not more than 30 characters) Unchanged
Cross Listed?
Yes X No Unchanged
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? | 2 |

| 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/acaif/example.htm

Unchanged

**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:

No change

For whom is this course being developed?
Majors in the Dept _X_  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 _X_  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 _X_  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.

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Date</th>
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<tbody>
<tr>
<td>Department Chair:</td>
<td>4-24-07</td>
</tr>
<tr>
<td>College Dean or Associate Dean:</td>
<td>4-24-07</td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY)</td>
<td>CONDITIONAL</td>
</tr>
<tr>
<td>Associate Vice President and Dean for Academic Programs</td>
<td>5/1/07</td>
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</tbody>
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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.