Course Change Proposal
Form A

Academic Group (College):
Health & Human Services

Academic Organization (Department):
Nursing

Date:
April 13, 2010

Type of Course Proposal:
New ___ Change ___ Deletion ___X___

Department Chair:
Ann Stoltz

Submitted by:
Ann Stoltz

Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No __X__

For Catalog Copy: Yes ___ No ___

CCE (Extension): Yes ___ No ___

Semester Effective:
Fall ___X__ Spring __, 2010___

This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):
N/A

If changing an existing course, should new version be considered a repeat of the original version? If so, the same Course ID will be maintained. If not, a new Course ID will be assigned. Note: In PeopleSoft terminology, the Course ID is the unique system identifier, not the Catalog Nbr.

N/A

Yes ___ No ___

Course Deletion

Subject Area (prefix) & Catalog Nbr (course no.):
NURS 213B

Title:
Seminar in Specialized Nursing Processes: Adult Nursing

Units:
3

Change to:

Subject Area (prefix) & Catalog Nbr (course no.):

Title:

Units:

JUSTIFICATION:
The Division of Nursing is requesting the deletion of NURS 213B. Given the current budget constraints and low-enrollment in some of the specialty tracks, the Advanced Clinical Role track is proposed to become the Advanced Clinical/Educator Role track. The role of the nurse educator will be threaded throughout the track along with the N214B course that is part of the core classes. Therefore a collapsing of the tracks into one course (213) with individual clinical courses will be more fiscally and pedagogically sound. This approach will allow for general theoretical foundations in the clinical role to be realized at the clinical level through intensive specialized practicums.

These changes will result in larger class sizes, no change in FTES and therefore a positive impact on the budget.

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

N/A

Note:

Prerequisite:
Enforced at Registration: Yes ___ No ___ N/A

Corequisite:
Enforced at Registration: Yes ___ No ___ N/A

Graded: Letter _____ Credit/No Credit _____ N/A

Instructor Approval Required? Yes ___ No ___ N/A

Course Classification (e.g., lecture, lab, seminar, discussion):
N/A

Title for CMS (not more than 30 characters)
N/A

Cross Listed?
Yes ___ No ___ N/A

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? ______ N/A
Can the course be taken for Credit more than once during the same term? Yes ___ No ___

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/acaf/example.htm

N/A

**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: 1/10/2010
Department Chair: ___________________________
College Dean or Associate Dean: ___________________________
CPSP (for school personnel courses ONLY) ___________________________
Associate Vice President and Dean for Academic Programs

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.

9/10/2008