





College of Nursing
Office of Student Services
UK Medical Center
315 College of Nursing Bldg.
Lexington, KY 40536-0232

859 323-5108
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February 9, 2011

TO: Heidi Anderson, Chair HCCC

FROM: Jane Kirschling, Dean 
Patricia Burkhardt, Associate Dean 

RE: Program Change – 2nd degree option

Attached is a program change request to change pre-requisites for the 2nd degree option of the BSN degree.

CHANGE UNDERGRADUATE PROGRAM FORM

1. General Information

College: <u>Nursing</u>	Department: <u>Nursing</u>
Current Major Name: <u>Nursing</u>	Proposed Major Name: <u>Same</u>
Current Degree Title: <u>BSN</u>	Proposed Degree Title: <u>Same</u>
Formal Option(s): <u>2nd Degree Nursing Option</u>	Proposed Formal Option(s): <u>Same</u>
Specialty Field w/in Formal Option: _____	Proposed Specialty Field w/in Formal Options: _____
Date of Contact with Associate Provost for Academic Administration ¹ : _____	
Bulletin (yr & pgs): _____	CIP Code ¹ : <u>51.3801</u>
Today's Date: <u>11/1/10</u>	
Accrediting Agency (if applicable): _____	
Requested Effective Date: <input checked="" type="checkbox"/> Semester following approval. OR <input type="checkbox"/> Specific Date ² : _____	
Dept. Contact Person: <u>Lee Anne Walmsley</u>	Phone: <u>323-8565</u> Email: <u>lawalm0@uky.edu</u>

2. University Studies Requirements or Recommendations for this Program.

	Current	Proposed
I. Mathematics	_____	_____
II. Foreign Language	_____	_____
III. Inference-Logic	_____	_____
IV. Written Communication	ENG 104 or Honors	_____
V. Oral Communication	Suspended through Fall 2009	<i>Suspended through Fall 2009</i>
VI. Natural Sciences	_____	_____
VII. Social Sciences	_____	_____
VIII. Humanities	_____	_____
IX. Cross-Cultural	_____	_____
X. USP Electives (3 must be outside the student's major)	_____	_____

3. Explain whether the proposed changes to the program (as described in sections 4 to 12) involve courses offered by another department/program. Routing Signature Log must include approval by faculty of additional department(s).

4. Explain how satisfaction of the University Graduation Writing Requirement will be changed.

Current	Proposed
<input type="checkbox"/> Standard University course offering.	<input type="checkbox"/> <i>Standard University course offering.</i>

¹ Prior to filling out this form, you MUST contact the Associate Provost for Academic Administration (APAA). If you do not know the CIP code, the (APAA) can provide you with that during the contact.

² Program changes are typically made effective for the semester following approval. No program will be made effective until all approvals are received.

CHANGE UNDERGRADUATE PROGRAM FORM

List: _____	List: _____
<input type="checkbox"/> Specific course – list: _____	<input type="checkbox"/> Specific course) – list: _____

5. List any changes to college-level requirements that must be satisfied.

Current	Proposed
<input type="checkbox"/> Standard college requirement. List: _____	<input type="checkbox"/> Standard college requirement. List: _____
<input type="checkbox"/> Specific required course – list: _____	<input type="checkbox"/> Specific course – list: _____

6. List pre-major or pre-professional course requirements that will change, including credit hours.

Current	Proposed
<u>Anatomy & Physiology 109 & 110, Chemistry 103, Psychology 100, Baccalaureate Degree in another field</u>	<u>Anatomy & Physiology 109 & 110, Chemistry 103, Psychology 100, Nutrition 212, Microbiology 208, BIO 103 Baccalaureate Degree in another field</u>

7. List the major's course requirements that will change, including credit hours.

Current	Proposed
<u>The courses NFS 212 and BIO 208 were taken during the time the students also took nursing courses.</u>	<u>NFS 212 and BIO 208 will be taken as prerequisites to NUR 869.</u>

8. Does the pgm require a minor AND does the proposed change affect the required minor? N/A Yes No
If "Yes," indicate current courses and proposed changes below.

Current	Proposed
_____	_____

9. Does the proposed change affect any option(s)? N/A Yes No
If "Yes," indicate current courses and proposed changes below, including credit hours, and also specialties and subspecialties, if any.

Current	Proposed
<u>The courses were taken during the time the students also took nursing courses</u>	<u>NFS 212 and BIO 208 will be taken as prerequisites to NUR 869</u>

10. Does the change affect pgm requirements for number of credit hrs outside the major subject in a related field? Yes No
If so, indicate current courses and proposed changes below.

Current	Proposed
_____	_____

11. Does the change affect pgm requirements for technical or professional support electives? Yes No
If so, indicate current courses and proposed changes below.

Current	Proposed
_____	_____

12. Does the change affect a minimum number of free credit hours or support electives? Yes No
If "Yes," indicate current courses and proposed changes below.

CHANGE UNDERGRADUATE PROGRAM FORM

Current

Proposed

13. Summary of changes in required credit hours:

	Current	Proposed
a. Credit Hours of Premajor or Preprofessional Courses:	<u>13</u>	<u>22</u>
b. Credit Hours of Major's Requirements:	_____	_____
c. Credit Hours for Required Minor:	_____	_____
d. Credit Hours Needed for a Specific Option:	<u>107</u>	<u>104</u>
e. Credit Hours Outside of Major Subject in Related Field:	_____	_____
f. Credit Hours in Technical or Professional Support Electives:	_____	_____
g. Minimum Credit Hours of Free/Supportive Electives:	_____	_____
h. Total Credit Hours Required by Level:	100: _____	_____
	200: _____	_____
	300: _____	_____
	400-500: _____	_____
i. Total Credit Hours Required for Graduation:	<u>120</u>	<u>126</u>

14. Rationale for Change(s) – if rationale involves accreditation requirements, please include specific references to that.

The traditional nursing students are required to have these classes as pre-requisites before NUR 863 and the changes are requested so that the College of Nursing requirements are consistent within our BSN program. This request will not add any hours to the graduation requirements for the BSN degree; rather it will require the two classes to be taken as prerequisites rather than taking the courses while taking nursing courses.

15. List below the typical semester by semester program for the major. If multiple options are available, attach a separate sheet for each option.

YEAR 1 – FALL: _____
 (e.g. "BIO 103; 3 credits")
YEAR 2 - FALL : _____
YEAR 3 - FALL: _____
YEAR 4 - FALL: _____

YEAR 1 – SPRING: _____
YEAR 2 – SPRING: _____
YEAR 3 - SPRING: _____
YEAR 4 - SPRING: _____

SIGNATURE ROUTING LOG

General Information:

Proposal Type: Course Program Other
 Proposal Name¹ (course prefix & number, pgm major & degree, etc.): BSN 2nd Degree Option
 Proposal Contact Person Name: Patricia Burkhart Phone: 3-8071 Email: pvburk2@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
Undergraduate program committee	2/4/11	Darlene Welsh / 3-6620 / jdwels00@email.uky.edu	<i>Darlene Welsh</i>
Assoc Dean Undergrad	2/4/11	Patricia Burkhart / 3-8071 / pvburk2@email.uky.edu	<i>Patricia Burkhart</i>
Dean	2/4/11	Jane Kirschling / 3-4857 / janck@email.uky.edu	<i>Jane Kirschling</i>
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ²
Undergraduate Council	3/22/2011	Sharon Gill <small>Digitally signed by Sharon Gill DN: cn=Sharon Gill, o=Undergraduate Education, ou=Undergraduate Council, email=sgill@uky.edu, c=US Date: 2011.03.23 13:21:47 -0400</small>	
Graduate Council			
Health Care Colleges Council	2/15/11	<i>Heather M. Fisher</i>	
Senate Council Approval		University Senate Approval	

Comments:

¹ Proposal name used here must match name entered on corresponding course or program form.

² Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.