

CHANGE UNDERGRADUATE PROGRAM FORM

1. General Information

College: <u>Nursing</u>		Department: _____	
Current Major Name:	<u>RN-BSN option - 1 of 2 proposals coming</u>	Proposed Major Name:	<u>no change</u>
Current Degree Title:	<u>Bachelor of Science in Nursing</u>	Proposed Degree Title:	<u>no change</u>
Formal Option(s):	<u>RN-BSN</u>	Proposed Formal Option(s):	_____
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):	<u>2015-16 p.287-290</u>	CIP Code ¹ :	<u>51.3801</u>
		Today's Date:	<u>8/31/2015</u>
Accrediting Agency (if applicable): <u>CCNE</u>			
Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval.	OR	<input type="checkbox"/> Specific Date ² : _____
Dept. Contact Person:	<u>Darlene Welsh</u>	Phone:	<u>3-6620</u>
		Email:	<u>jdvels00@uky.edu</u>

2. General Education Curriculum for this Program:

The new General Education curriculum is comprised of the equivalent of 30 credit hours of course work. There are, however, some courses that exceed 3 credits & this would result in more than 30 credits in some majors.

- There is no foreign language requirement for the new Gen Ed curriculum.
- There is no General Education Electives requirement.

Please list the courses/credit hours currently used to fulfill the University Studies/General Education curriculum: Students are transfer majority with AA or AS degrees, so fully certified under GETA. Those with AAS, complete remaining UK Core if not fully certified.

Please identify below the suggested courses/credit hours to fulfill the General Education curriculum.

General Education Area	Course	Credit Hrs
I. Intellectual Inquiry (one course in each area)		
Arts and Creativity	_____	_____
Humanities	_____	_____
Social Sciences	_____	_____
Natural/Physical/Mathematical	_____	_____
II. Composition and Communication		
Composition and Communication I	CIS or WRD 110	3
Composition and Communication II	CIS or WRD 111	3
III. Quantitative Reasoning (one course in each area)		

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.

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Quantitative Foundations³

Statistical Inferential Reasoning

IV. Citizenship (one course in each area)

Community, Culture and Citizenship in the USA

Global Dynamics

Total General Education Hours

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

Standard University course offering.

List: _____

Specific course – list: _____

Proposed

Standard University course offering.

List: _____

Specific course) – list: _____

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

Current

Standard college requirement.

List: _____

Specific required course – list: _____

Proposed

Standard college requirement.

List: _____

Specific course – list: _____

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

Current

Proposed

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

Current

Proposed

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

NUR 883 - 5 cr, NUR 880 - 3 cr

Proposed

NUR 451 - 5 cr, NUR 452 - 3 cr

³ Note that MA 109 is NOT approved as a Quantitative Foundations course. Students in a major requiring calculus will use a calculus course (MA 113, 123, 137 or 139) while students not requiring calculus should take MA 111, PHI 120 or another approved course.

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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
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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
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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.

Current	Proposed
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13. Summary of changes in required credit hours:

	Current	Proposed
a. Credit Hours of Premajor or Preprofessional Courses:	<u>90</u>	<u>90</u>
b. Credit Hours of Major's Requirements:	<u>30</u>	<u>30</u>
c. Credit Hours for Required Minor:	<u>0</u>	<u>0</u>
d. Credit Hours Needed for a Specific Option:	_____	_____
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:	<u>3</u>	<u>3</u>
h. Total Credit Hours Required by Level:		
100:	_____	_____
200:	_____	_____
300:	<u>16</u>	<u>13</u>
400-500:	<u>14</u>	<u>17</u>
i. Total Credit Hours Required for Graduation:	<u>120</u>	<u>120</u>

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



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 1 – SPRING: _____
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YEAR 2 - FALL : _____

YEAR 2 - SPRING: _____

YEAR 3 - FALL: _____

YEAR 3 - SPRING: _____

YEAR 4 - FALL:

NUR 350 - 5 cr

NUR 351 - 2 cr

NUR 310 - 3 cr

YEAR 4 - SPRING:

NUR 352 - 3 cr

NUR 354 - 3 cr

NUR 451 - 5 cr

Summer I - NUR 452 - 3 cr

Summer II - NUR ~~886~~ - 6 cr

453

DW

3-22-17

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Signature Routing Log

General Information:

Current Degree Title and Major Name: Bachelor of Science in Nursing

Proposal Contact Person Name: Darlene Welsh

Phone: 3-6620

Email: jdwels00@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 Faculty	9/4/15	Darlene Welsh / 3-6620 / jdwels00@uky.edu	<i>Darlene Welsh</i>
Academic Dean	9/15/15	Patricia B. Howard / 3-6332 / pbhowa00@email.uky.edu	<i>Patricia B. Howard</i>
HCCC	10/20/15	/ /	Reny De Leeuw
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁴
Undergraduate Council	4/12/16	Joanie Ett-Mims	
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

⁴ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.

