

## REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

Program: Nursing

Formal Option : (if applicable) or Specialty Field (if applicable)

Department (if applicable):

College (if applicable): Nursing

Degree title: BSN Bulletin pp.: 224-227

CIP Code: UK ID No.: HEGIS CODE:

Accrediting Agency (if applicable):

### I. PROPOSED CHANGE(S) IN PROGRAM REQUIREMENTS

1. Particular University Studies Requirements or Recommendations for this program

	<u>Current</u>	<u>Proposed</u>
I. Mathematics		
II. Foreign Language		
III. Inference-Logic		
IV. Written Communication	ENG 104 or Honors	
V. Oral Communication	Suspended until Fall 2007	
VI. Natural Sciences		
VII. Social Sciences		
IX. Cross-Cultural		
X. USP Electives (3 must be outside the student's major		

2. University Graduation Writing Requirement Select from approved courses

3. College Depth and Breadth of Study Requirements (if applicable) (including particular courses required or recommended for this program) NOTE: To the extent that proposed changes in 2. through 6. involve additional courses offered in another program, please submit correspondence with the program(s) pertaining to the availability of such courses to your students.

<u>Current</u>	<u>Proposed</u>
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4. Premajor or Preprofessional Course Requirements (if applicable)

<u>Current</u>	<u>Proposed</u>
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5. Credit Hours Required		<u>Current</u>	<u>Proposed</u>
a. Total Required for Graduation:			
b. Required by level:			
	100	200	300
			400-500
c. Premajor or Preprofessional (if applicable)			f. Hours Needed for a Particular Option or Specialization (if applicable)
d. Field of Concentration (if applicable)			g. Technical or Professional Support Electives (if applicable)
e. Division of Hours Between Major Subject and Related Field (if applicable)			h. Minimum Hours of Free or Supportive Electives (Required)

6. Major or Professional Course Requirements

<u>Current</u>	<u>Proposed</u>
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7. Minor Requirements (if applicable)

<u>Current</u>	<u>Proposed</u>
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Total Hours:

8. Rationale for Change(s): (If rationale involves accreditation requirements, please include specific references to those requirements.)

Request to change application deadline from May 1 to March 1, and to have a final credentials deadline of March 15. Program expansion will yield a larger applicant pool that will require more time to process applications and make decisions in a timely manner. This also more closely aligns with the deadline for MSN program, which has an impact on RN-MSN applicants.

9. List below the typical semester by semester program for a major.

Current

Proposed

**Signatures of Approval:**

*September 1, 2006*

Date of Approval by Department Faculty

*September 1, 2006*

Date of Approval by College Faculty

\*Date of Approval by Undergraduate Council

\*Date of Approval by Graduate Council

*10/18/06*

\*Date of Approval by Health Care Colleges Council (HCCC)

\*Date of Approval by Senate Council

\*Date of Approval by University Senate

\*If applicable, as provided by the Rules of the University Senate

*D. Burdopp*

Reported by Department Chair

*Jane Kischling*

Reported by College Dean

Reported by Undergraduate Council  
Chair

Reported by Graduate Council Chair

*Heidi M. Guder*

Reported by HCCC Chair

Reported by Senate Council Office

Reported by Senate Council Office