

## PROPOSAL SUMMARY AND ROUTING FORM

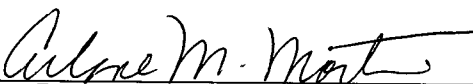
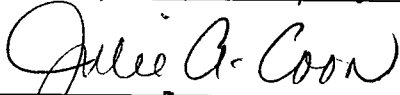
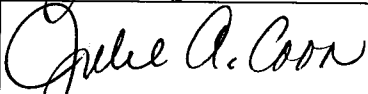
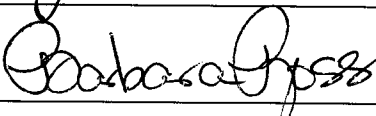


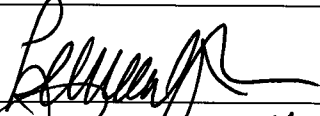
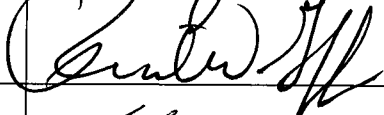

**Proposal Title:** Bachelor of Science in Nursing: Curriculum Clean-up

**Initiating Unit or Individual:** School of Nursing

**Contact Person's Name:** Julie Coon e-mail: cooni@ferris.edu phone: X-2267

**Date or Semester of Proposal Implementation:** SPRING 2008

- Group I - A – New degree/major or major, or redirection of a current offering
- Group I - B – New minors or concentrations
- xx  Group II - A – Minor curriculum clean-up and course changes
- Group II - B – New Course
- Group III - Certificates
- Group IV – Off-Campus Programs

Group/Individual	Signature	Date	Vote/Action *
Program Faculty		2/13/07	<u>4</u> Support <u>0</u> Support with Concerns <u>0</u> Not Support
Department Faculty		2/13/07	<u>4</u> Support <u>0</u> Support with Concerns <u>0</u> Not Support
Department Head		2/13/07	<u>X</u> Support <u>   </u> Support with Concerns <u>   </u> Not Support
College Curriculum Committee		3/1/07	<u>5</u> Support <u>   </u> Support with Concerns <u>0</u> Not Support
College Faculty		3/19/07	<u>16</u> Support <u>0</u> Support with Concerns <u>0</u> Not Support
Dean		3/19/07	<u>   </u> Support <u>   </u> Support with Concerns <u>   </u> Not Support
University Curriculum Committee		3/29/07	<u>✓</u> Support <u>8-0</u> <u>   </u> Support with Concerns <u>   </u> Not Support
Senate		4/2/07	<u>25</u> Support <u>   </u> Support with Concerns <u>   </u> Not Support
Academic Affairs			<u>   </u> Support <u>   </u> Support with Concerns <u>   </u> Not Support

\* Support with Concerns or Not Support must include a list of concerns.

**To be completed by Academic Affairs**

\_\_\_\_\_  
 President (Date Approved)      Board of Trustees (Date Approved)      President's Council (Date Approved)

## 1. Proposal Summary

Modify clinical NURS courses to change current grading from normal letter grading to pass/fail to reflect attainment of an acceptable standard as opposed to attempting to assign a letter grade to clinical practice performance. This approach is now supported by most nursing education research as the best way to assure that all students meet the standard of safe clinical performance. This would include the following courses: NURS 243, 252, 342, 352, 442, 452.

## 2. Summary of All Course Action Required\*

### a. Newly Created Courses to FSU:

Prefix	Number	Title
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### b. Courses to be Deleted From FSU Catalog:

Prefix	Number	Title
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### c. Existing Course(s) to be Modified:

Prefix	Number	Title
NURS	243	Clinical Foundations 1
NURS	252	Clinical Foundations 2
NURS	342	Clinical Nursing 1
NURS	352	Clinical Nursing 2
NURS	442	Clinical Nursing 3
NURS	452	Clinical Nursing 4

### d. Addition of existing FSU courses to program

Prefix	Number	Title
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### e. Removal of existing FSU courses from program

Prefix	Number	Title
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**\*Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.**

**FERRIS STATE UNIVERSITY  
SCHOOL OF NURSING**

**BACHELOR OF SCIENCE IN NURSING (BSN) PROGRAM  
FOR REGISTERED NURSING**

**Curriculum Guide for Students Beginning Fall 2007 – *PROPOSED – No changes***

REQUIRED	COURSE TITLE – PRE/CO-REQUISITES IN ( )	CREDITS	GRADE	Requirement MET
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<b><i>NURSING MAJOR: 71 CREDITS REQUIRED</i></b>				
NURS	240	Concepts of Professional Nursing (Pre: NURS Status)	4	
NURS	241	Technical Skills Lab (Pre: NURS Status)	2	
NURS	242	Health Assessment Lab (Pre: NURS status)	1	
NURS	243	Clinical Foundations 1 (Pre: NURS status)	2	
NURS	250	Health Promotion in Nursing (Pre NURS 240, 241, 242, 243, EHSM 315)	4	
NURS	251	Pharmacology in Nursing (Pre: NURS 240, 241, 242, 243)	3	
NURS	252	Clinical Foundations 2 (Pre: NURS 240, 241,242,243)	2	
NURS	300	Pathophysiology for Nursing Prac. (Pre: Permit by Major)	3	
NURS	340	Community Nursing (Pre: NURS 250, 251, 252)	3	
NURS	341	Nursing Theory 1 (Pre: NURS 250, 251, 252,300)	4	
NURS	342	Clinical Nursing 1 (Pre: NURS 250, 251, 252, 300)	5	
NURS	350	Research in Nursing (Pre: NURS 340, 341, 342)	3	
NURS	351	Nursing Theory 2 (Pre: NURS 340, 341, 342)	4	
NURS	352	Clinical Nursing 2 (Pre: NURS 340, 341, 342)	5	
NURS	440	Leadership in Nursing (Pre: 350, 351,352)	3	
NURS	441	Nursing Theory 3 (Pre: NURS 350, 351, 352)	4	
NURS	442	Clinical Nursing 3 (Pre: NURS 350,351,352)	6	
NURS	450	Nursing Capstone (Pre: NURS 440, 441, 442)	3	
NURS	451	Nursing Theory 4 (Pre: NURS 440, 441, 442)	4	
NURS	452	Clinical Nursing 4 (Pre: NURS 440, 441, 442)	6	

<b><i>PROGRAM CORE &amp; BS DEGREE REQUIREMENTS – 51 CREDITS REQUIRED</i></b>				
ENGL	150	English 1 (none)	3	
ENGL	250	English 2 (ENGL 150)	3	
CCHS	101	Orientation to Health Care (none)	3	
CCHS	102	Safety Issues in Health Care (none)	1	
CCHS	103	Clinical Skills (none)	1	
MRIS	102	Orientation to Medical Vocabulary (none)	1	
		Computer Competency – course or proficiency demonstrated		
EHSM	315	Epidemiology & Statistics (none)	3	
COMM		Choose one: COMM 105, COMM 121 or COMM 221 (none)	3	
ENGL	321	Advanced English Composition (ENGL 250)	3	
BIOL	108	Medical Microbiology (None)	3	
CHEM	114	Introduction to Inorganic Chemistry (HS Chemistry or CHEM 103)	4	
BIOL	205	Anatomy & Physiology (CHEM 114)	5	
ELEC		Social Awareness Foundation Course: PSYC 150 or SOCY 121 or ANTH 122 Recommended	3	
ELEC		Social Awareness Elective	3	
ELEC		Social Awareness Elective – 200 level or higher	3	
ELEC		Cultural Enrichment Elective – PHIL 220 or 320 Recommended	3	
ELEC		Cultural Enrichment Elective – Global Designation	3	
ELEC		Cultural Enrichment Elective – 200 level or higher	3	
		ACT Math Sub score of 24 or higher or MATH 115 or 117 ( B-)		

<b><i>GENERAL EDUCATION REQUIREMENTS FOR BS DEGREE</i></b>	<b><i>Requirement</i></b>
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	<b>Met</b>
<b>COMMUNICATION COMPETENCE – 12 CREDITS REQUIRED:</b> <i>Met In Program Core</i>	
<b>SCIENTIFIC UNDERSTANDING – 7-8 CREDITS REQUIRED:</b> <i>Met In Program Core</i>	
<b>SOCIAL AWARENESS – 9 CREDITS REQUIRED:</b> <i>Met in Program Core</i>	
<b>CULTURAL ENRICHMENT – 9 CREDITS REQUIRED:</b> <i>Met in Program Core</i>	
<b>CAHS CORE CURRICULUM REQUIREMENTS – 6 CREDITS REQUIRED:</b> <i>Met In Program Core</i>	
<b>QUANTITATIVE SKILLS – PROFICIENCY OR COURSE REQUIRED</b> <i>Program Admission Requirement</i>	

<b>NURSING PROGRAM REQUIREMENTS FOR PROGRESSION &amp; GRADUATION</b>	<b>Requirement Met</b>
• Total Program Credits = 122	
• A minimum of 40 credits are required at the 300 level or above for the BS degree	
• A grade of 2.7 or "B-" is required for all MATH, BIOL & CHEM courses. <i>These courses may only be repeated once. Two (2) Unsuccessful attempts will result in dismissal from the nursing program.</i>	
• A grade of 2.0 or "C" is required for all NURS courses. <i>Two unsuccessful (less than C) attempts in any NURS course(s) will result in dismissal from the nursing program.</i>	
• A grade of 2.0 or "C" is required for all CAHS Core Curriculum Courses: ENGL 150,250 & 321, COMM foundation course and CCHS 101, 102 & 103	
• One course meeting "global consciousness" must be completed: _____	
• Service Learning Project must be completed by NURS 450	
• Research Project must be completed by NURS 450	
• Students who return to the University after an interrupted enrollment (not including summer semester) must meet the requirements of the curriculum which are in effect at the time of their return, not the requirements which were in effect when they were originally admitted	
<b>Initial Course Evaluation for Program</b> Entry: _____ Advisor/Date _____	
Review for Progress as PNUR Student: _____ Advisor / Date _____	
Review for Progress as PNUR Student: _____ Advisor / Date _____	
Check sheet Review End of Level 1: _____ Advisor/Date _____	
Check sheet Review End of Level 2: _____ Advisor/Date _____	
Check sheet Review End of Level 3: _____ Advisor/Date _____	
Graduation Clearance Form Complete: _____ (date) _____ (Advisor)	

Notes:

**FERRIS STATE UNIVERSITY  
SCHOOL OF NURSING**

**BSN Program Sequence Plan – *Proposed – no changes*  
Traditional Track: Six Semester Professional Sequence**

<b>Semester 1: Fall</b>	<b>CR</b>	<b>Semester 2: Spring</b>	<b>CR</b>
*(FSUS 100 Freshman Seminar) ENGL 150 English 1 CHEM 114 Intro to Inorganic Chemistry BIOL 108 Medical Microbiology Social Awareness Foundation Course MRIS 102 Medical Vocabulary	(1) 3 4 3 3 1 14-15	Communications Foundation Course Cultural Enrichment Elective BIOL 205 Anatomy & Physiology CCHS 101 Orientation to Health Care CCHS 102 Safety Issues in Health Care CCHS 103 Clinical Skills	3 3 5 3 1 1 16
<b>Semester 3: Fall</b>	<b>CR</b>	<b>Semester 4: Spring</b>	<b>CR</b>
ENGL 250 English 2 EHSM 315 Epidemiology & Statistics NURS 240 Concepts of Prof. Nursing (4+0) NURS 241 Technical Skills Lab (0+6) NURS 242 Health Assessment Lab (0+3) NURS 243 Clinical Foundations 1(0+6)	3 3 4 2 1 2 15	Social Awareness Elective NURS 300 Pathophysiology for Nursing Prac. NURS 250 Health Promotion in Nursing (4+0) NURS 251 Pharmacology in Nursing (3+0) NURS 252 Clinical Foundations 2 (0+6)	3 3 4 3 2 15
<b>Semester 5: Fall</b>	<b>CR</b>	<b>Semester 6: Spring</b>	<b>CR</b>
ENGL 321 Advanced English Composition NURS 340 Community Nursing (3+0) NURS 341 Nursing Theory 1 (4+0) NURS 342 Clinical Nursing 1 (0+15)	3 3 4 5 15	Cultural Enrichment Elective NURS 350 Research in Nursing (3+0) NURS 351 Nursing Theory 2 (4+0) NURS 352 Clinical Nursing 2 (0+15)	3 3 4 5 15
<b>Semester 7: Fall</b>	<b>CR</b>	<b>Semester 8: Spring</b>	<b>CR</b>
Social Awareness Elective (200 or higher) NURS 440 Leadership in Nursing (3+0) NURS 441 Nursing Theory 3 (4+0) NURS 442 Clinical Nursing 3 (0+18)	3 3 4 6 16	Cultural Enrichment Elective (200 or higher) NURS 450 Nursing Capstone (3+0) NURS 451 Nursing Theory 4 (4+0) NURS 452 Clinical Nursing 4 (0+18)	3 3 4 6 16

Total Program Credits = 122

\* FSUS 100 is only required for FTIAC Students; recommended only for transfer students

\*\* MATH competency: ACT Math subscore of 24 or higher or MATH 115, grade of B- or higher

Course Date Entry Form

I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE

Notes:

- 1. If this course is a prerequisite for other university courses, Form Fs for those courses must also be submitted.
- 2. If either prefix or number are being changed, use 'Delete Course' and 'New Course' forms rather than this form.

List the changes to be made: **Change Grading**

Term Effective: Semester **5P** Year **08** See instructions.

II. CURRENT: Include information that is in the current course database.

Course Prefix Number Enter Contact Hours per week in boxes.

**NURS** **243** LECTure LAB **6** INDEpendent Study – Check (x)   
 Practicum:  Seminar:

Full Course Title: **Clinical Foundations 1**

III. PROPOSED CHANGES: Complete only those boxes that represent proposed changes in the course.

Leave all other spaces blank.

Course Prefix Number Enter Contact Hours per week in boxes.

LECTure  LAB  INDEpendent Study – Check (x)   
 Practicum:  Seminar:

Full Course Title:

Abbreviated Course Title: .

(Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

Semester(s) Offered:  (See instructions for listing.) Max. Section Enrollment :

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

Type:  Variable  Fixed Maximum Credit Hours  Minimum Credit Hours

Grade Method: Check (x)  Normal Grading **xx**  **Credit/No Credit only (Pass/Fail)**

May Be Repeated for Added Credit: Check (x)  Yes  No

Levels: Check (x)  Undergraduate  Graduate  Professional

CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

Prerequisites: (if no prerequisites, write "None") Limited to 60 spaces.

UCC Chair Signature/Date:

 3/29/07

Academic Affairs Approval Signature/Date:

 / /

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

Basic Skill (BS)  General Education (GE)  Occupational Education (OC)  G.E. Codes

Office of the Registrar use ONLY

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Entered: SIS [125 \_\_, 1D4 \_\_]

MODIFY COURSE

FORM F  
Modify Course  
rev. 9/23/02

Course Date Entry Form

I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE

Notes:

- 1. If this course is a prerequisite for other university courses, Form Fs for those courses must also be submitted.
- 2. If either prefix or number are being changed, use 'Delete Course' and 'New Course' forms rather than this form.

List the changes to be made: **Change Grading**

Term Effective: Semester **SP** Year **08** See instructions.

II. CURRENT: Include information that is in the current course database.

Course Prefix Number Enter Contact Hours per week in boxes.

**NURS** **252** LECTure  LAB **6** INDEpendent Study – Check (x)   
Practicum:  Seminar:

Full Course Title: **Clinical Foundations 2**

III. PROPOSED CHANGES: Complete only those boxes that represent proposed changes in the course.

Leave all other spaces blank.

Course Prefix Number Enter Contact Hours per week in boxes.

LECTure  LAB  INDEpendent Study – Check (x)   
Practicum:  Seminar:

Full Course Title:

Abbreviated Course Title: .

(Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

Semester(s) Offered:  (See instructions for listing.) Max. Section Enrollment :

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

Type:  Variable  Fixed Maximum Credit Hours  Minimum Credit Hours

Grade Method: Check (x)  Normal Grading **xx**  **Credit/No Credit only (Pass/Fail)**

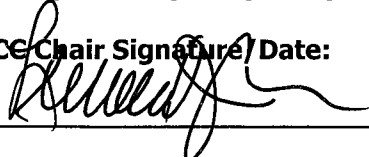
May Be Repeated for Added Credit: Check (x)  Yes  No

Levels: Check (x)  Undergraduate  Graduate  Professional

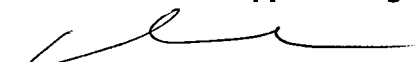
CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

Prerequisites: (if no prerequisites, write "None") Limited to 60 spaces.

UCC Chair Signature/Date:

 3/29/07

Academic Affairs Approval Signature/Date:

 / /

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Office of the Registrar use ONLY

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Entered: SIS [125 \_\_, 1D4 \_\_]

**MODIFY COURSE**  
**Course Date Entry Form**

**FORM F**

**Modify Course**  
**rev. 9/23/02**

**I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE**

Notes:

1. If this course is a prerequisite for other university courses, Form Fs for those courses must also be submitted.
2. If either prefix or number are being changed, use 'Delete Course' and 'New Course' forms rather than this form.

List the changes to be made: **change grading**

Term Effective: Semester **SP** Year **08** See instructions.

**II. CURRENT:** Include information that is in the current course database.

Course Prefix    Number    Enter Contact Hours per week in boxes.

**NURS**    **342**    LECTure    LAB **15**    INDEpendent Study – Check (x)   
Practicum:     Seminar:

Full Course Title: **Clinical Nursing 1**

**III. PROPOSED CHANGES:** Complete only those boxes that represent proposed changes in the course. Leave all other spaces blank.

Course Prefix    Number    Enter Contact Hours per week in boxes.

       LECTure     LAB     INDEpendent Study – Check (x)   
Practicum:     Seminar:

Full Course Title:

Abbreviated Course Title: .

(Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

Semester(s) Offered:  (See instructions for listing.)    Max. Section Enrollment:

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

Type:  Variable     Fixed    Maximum Credit Hours     Minimum Credit Hours

Grade Method: Check (x)  Normal Grading    **xx**  **Credit/No Credit only (Pass/Fail)**

May Be Repeated for Added Credit: Check (x)  Yes     No

Levels: Check (x)  Undergraduate     Graduate     Professional


**CATALOG DESCRIPTION** – Limit to 75 words – PLEASE BE CONCISE.

**Prerequisites:** (if no prerequisites, write "None") Limited to 60 spaces. .

**UCC Chair Signature/Date:**

 3/29/07

**Academic Affairs Approval Signature/Date:**

     /    /    

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Basic Skill (BS)     General Education (GE)     Occupational Education (OC)     G.E. Codes

**Office of the Registrar use ONLY**

**Date Received:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_ **Entered: SIS [125 \_\_\_\_, 1D4 \_\_\_\_]**

Course Date Entry Form

**ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE**

Notes:

- 1. If this course is a prerequisite for other university courses, Form Fs for those courses must also be submitted.
- 2. If either prefix or number are being changed, use 'Delete Course' and 'New Course' forms rather than this form.

List the changes to be made: **Change grading**

Term Effective: Semester **SP** Year **'08** See instructions.

**II. CURRENT:** Include information that is in the current course database.

Course Prefix **NURS** Number **352** Enter Contact Hours per week in boxes.  
 LECTure  LAB **15** INDEpendent Study – Check (x)   
 Practicum:  Seminar:

Full Course Title: **Clinical Nursing 2**

**III. PROPOSED CHANGES:** Complete only those boxes that represent proposed changes in the course. Leave all other spaces blank.

Course Prefix  Number  Enter Contact Hours per week in boxes.  
 LECTure  LAB  INDEpendent Study – Check (x)   
 Practicum:  Seminar:

Full Course Title:

Abbreviated Course Title:

(Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

Semester(s) Offered:  (See instructions for listing.) Max. Section Enrollment :

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

Type:  Variable  Fixed Maximum Credit Hours  Minimum Credit Hours

Grade Method: Check (x)  Normal Grading **xx**  Credit/No Credit only (Pass/Fail)

May Be Repeated for Added Credit: Check (x)  Yes  No


Levels: Check (x)  Undergraduate  Graduate  Professional

**CATALOG DESCRIPTION** – Limit to 75 words – PLEASE BE CONCISE.

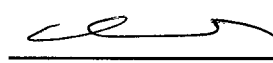
**Prerequisites:** (if no prerequisites, write "None") Limited to 60 spaces.

UCC Chair Signature/Date:

Academic Affairs Approval Signature/Date:



**3/29/07**



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Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Entered: SIS [125 \_\_\_\_\_,

Course Date Entry Form

**ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE**

Notes:

- 3. If this course is a prerequisite for other university courses, Form Fs for those courses must also be submitted.
- 4. If either prefix or number are being changed, use 'Delete Course' and 'New Course' forms rather than this form.

List the changes to be made: **Change Grading**

Term Effective: Semester **15P** Year **208** See instructions.

**II. CURRENT:** Include information that is in the current course database.

Course Prefix **NURS** Number **442** Enter Contact Hours per week in boxes.  
 LECTure  LAB **18** INDEpendent Study – Check (x)   
 Practicum:  Seminar:   
 Full Course Title: **Clinical Nursing 3**

**III. PROPOSED CHANGES:** Complete only those boxes that represent proposed changes in the course. Leave all other spaces blank.

Course Prefix  Number  Enter Contact Hours per week in boxes.  
 LECTure  LAB  INDEpendent Study – Check (x)   
 Practicum:  Seminar:

Full Course Title:

Abbreviated Course Title:

(Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

Semester(s) Offered:  (See instructions for listing.) Max. Section Enrollment:

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

Type:  Variable  Fixed Maximum Credit Hours  Minimum Credit Hours

Grade Method: Check (x)  Normal Grading **xx**  Credit/No Credit only (Pass/Fail)

May Be Repeated for Added Credit: Check (x)  Yes  No

Levels: Check (x)  Undergraduate  Graduate  Professional

**CATALOG DESCRIPTION** – Limit to 75 words – PLEASE BE CONCISE.

**Prerequisites:** (if no prerequisites, write "None") Limited to 60 spaces.

UCC Chair Signature/Date:

Academic Affairs Approval Signature/Date:

  
\_\_\_\_\_  
1/1

3/29/07

  
\_\_\_\_\_

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

Basic Skill (BS)  General Education (GE)  Occupational Education (OC)  G.E. Codes

**Office of the Registrar use ONLY**

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Entered: SIS [125 \_\_\_\_\_,

Course Date Entry Form

**ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE**

Notes:

- 5. If this course is a prerequisite for other university courses, Form Fs for those courses must also be submitted.
- 6. If either prefix or number are being changed, use 'Delete Course' and 'New Course' forms rather than this form.

List the changes to be made: **Change Grading**

Term Effective: Semester **SP** Year **08** See instructions.

**II. CURRENT:** Include information that is in the current course database.

Course Prefix **NURS** Number **452** Enter Contact Hours per week in boxes.  
 LECTure  LAB **18** INDEpendent Study – Check (x)   
 Practicum:  Seminar:

Full Course Title: **Clinical Nursing 4**

**III. PROPOSED CHANGES:** Complete only those boxes that represent proposed changes in the course. Leave all other spaces blank.

Course Prefix  Number  Enter Contact Hours per week in boxes.  
 LECTure  LAB  INDEpendent Study – Check (x)   
 Practicum:  Seminar:

Full Course Title:

Abbreviated Course Title:

(Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

Semester(s) Offered:  (See instructions for listing.) Max. Section Enrollment:

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

Type:  Variable  Fixed Maximum Credit Hours  Minimum Credit Hours

Grade Method: Check (x)  Normal Grading **xx**  Credit/No Credit only (Pass/Fail)

May Be Repeated for Added Credit: Check (x)  Yes  No


Levels: Check (x)  Undergraduate  Graduate  Professional

**CATALOG DESCRIPTION** – Limit to 75 words – PLEASE BE CONCISE.

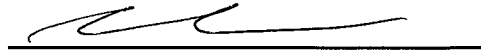
**Prerequisites:** (if no prerequisites, write "None") Limited to 60 spaces.

UCC Chair Signature/Date:

Academic Affairs Approval Signature/Date:



**3/29/07**



To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

Basic Skill (BS)  General Education (GE)  Occupational Education (OC)  G.E. Codes

**Office of the Registrar use ONLY**

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Entered: SIS [125 \_\_\_\_\_]