

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Discontinuation of NURS courses from ADN program

Initiating Unit or Individual: School of Nursing

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

Date or Semester of Proposal Implementation: Fall 2007 - Fall 2008

- Group I - A – New degree/major or major, or redirection of a current offering
- Group I - B – New minors or concentrations
- 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	<i>Julie A. Coon</i>	10/6/06	4 Support 0 Support with Concerns 0 Not Support
Department Faculty	<i>Julie A. Coon</i>	10/6/06	4 Support 0 Support with Concerns 0 Not Support
Department Head	<i>Julie A. Coon</i>	10/6/06	✓ Support ___ Support with Concerns ___ Not Support
College Curriculum Committee	<i>Barbara Goss</i>	10/24/06	4 Support 0 Support with Concerns 0 Not Support
College Faculty	<i>Allen Haveline</i>	10/24/06	21 Support 0 Support with Concerns 0 Not Support
Dean	<i>Allen Haveline</i>	10/24/06	✓ Support ___ Support with Concerns ___ Not Support
University Curriculum Committee	<i>Letty...</i>	11/9/06	✓ Support 8-0 ___ Support with Concerns ___ Not Support
Senate	<i>Richard...</i>	11/10/06	✓ Support ___ Support with Concerns ___ Not Support
Academic Affairs	<i>Roseanne...</i>	11/15/06	✓ Support ___ Support with Concerns ___ 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) _____

FORM A CONT.

1. Proposal Summary

With the recent approval of a bachelor of science in nursing (BSN) curriculum to take the place of the current associate degree nursing (ADN) pre-licensure nursing program, it is requested that the existing NURS courses be deleted from the current FSU catalog after they are each offered for the final time. The last ADN cohort was admitted for Fall 2006 and this cohort will complete at the end of Spring 2008. Therefore, each level of NURS coursework from this program will be discontinued in the semester after they are last offered. These dates are noted on all of the Form Fs with this document.

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
NURS	101	Illness Prevention & Health Maintenance
NURS	102	Diverse Populations & Health
NURS	105	Nursing Pharmacology
NURS	106	Clinical Nursing 1
NURS	114	Maternity Nursing
NURS	116	Clinical Nursing 2
NURS	224	Nursing of Children
NURS	226	Clinical Nursing 3
NURS	228	Nursing of the Elderly
NURS	230	Transition into Technical Nursing
NURS	234	Psychiatric Nursing
NURS	236	Clinical Nursing 4

c. Existing Course(s) to be Modified:

Prefix	Number	Title
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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.

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 9/23/02

I. ACTION TO BE TAKEN: DELETE COURSE.

The course described below will be moved to inactive status.

Term Effective: Semester *Fall* Spring Year 2007 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

Course Prefix

NURS

Number

101

Enter Contact Hours per week in boxes.

LECTure LAB INDEpendent Study – Check (x)

Practicum: Seminar:

Full Course Title: Illness Prevention & Health Maintenance

UCC Chair Signature/Date:

11/9/06

Academic Affairs Approval Signature/Date:

Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 __, 1D4 __]

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 9/23/02

I. ACTION TO BE TAKEN: DELETE COURSE.

The course described below will be moved to inactive status.

Term Effective: Semester ^{fall} Spring Year 2007 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

Course Prefix

NURS

Number

102

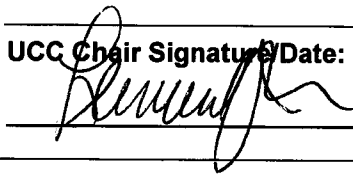
Enter Contact Hours per week in boxes.

LECTure LAB 2 INDEpendent Study – Check (x)

Practicum: Seminar:

Full Course Title: **Diverse Populations**

UCC Chair Signature/Date:



11, 9, 06

Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 __, 1D4 __]

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 9/23/02

I. ACTION TO BE TAKEN: DELETE COURSE.

The course described below will be moved to inactive status.

Term Effective: Semester ~~Spring~~^{Fall} Year 2007 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

Course Prefix

NURS

Number

105

Enter Contact Hours per week in boxes.

LECTure 2

LAB

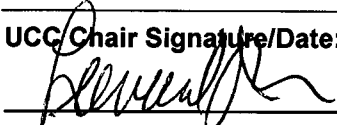
INDEpendent Study – Check (x)

Practicum:

Seminar:

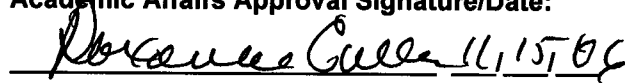
Full Course Title: Nursing Pharmacology

UCC Chair Signature/Date:



9/19/06

Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 __, 1D4 __]

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 9/23/02

I. ACTION TO BE TAKEN: DELETE COURSE.

The course described below will be moved to inactive status.

Term Effective: Semester Spring Year 2007 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

Course Prefix

NURS

Number

106

Enter Contact Hours per week in boxes.

LECTure 2 LAB 12 INDEPENDENT Study – Check (x)

Practicum: Seminar:

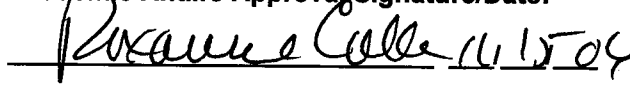
Full Course Title: Clinical Nursing 1

UCC Chair Signature/Date:



11/9/06

Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 __, 1D4 __]

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 9/23/02

I. ACTION TO BE TAKEN: DELETE COURSE.

The course described below will be moved to inactive status.

Term Effective: Semester ^{fall} Summer Year 2007 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

Course Prefix

NURS

Number

114

Enter Contact Hours per week in boxes.

LECTure

LAB

INDEpendent Study – Check (x)

Practicum:

Seminar:

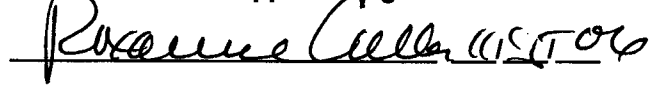
Full Course Title: Maternity Nursing

UCC Chair Signature/Date:



11, 9, 06

Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 __, 1D4 __]

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 9/23/02

I. ACTION TO BE TAKEN: DELETE COURSE.

The course described below will be moved to inactive status.

Term Effective: Semester Summer Year 2007 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

Course Prefix

NURS

Number

116

Enter Contact Hours per week in boxes.

LECTure 3 LAB 15 INDEpendent Study - Check (x)

Practicum: Seminar:

Full Course Title: Clinical Nursing 2

UCC Chair Signature/Date:



11, 9, 06

Academic Affairs Approval Signature/Date:

 11, 15, 06

Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 __, 1D4 __]

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 9/23/02

I. ACTION TO BE TAKEN: DELETE COURSE.

The course described below will be moved to inactive status.

Term Effective: Semester ^{Full} Spring Year 2008 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

Course Prefix

NURS

Number

224

Enter Contact Hours per week in boxes.

LECTure LAB INDEpendent Study - Check (x)

Practicum: Seminar:

Full Course Title: Nursing of Children

UCC Chair Signature/Date:



11, 9, 06

Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 __, 1D4 __]

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 9/23/02

I. ACTION TO BE TAKEN: DELETE COURSE.

The course described below will be moved to inactive status.

Term Effective: Semester Spring Year 2008 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

Course Prefix

NURS

Number

226

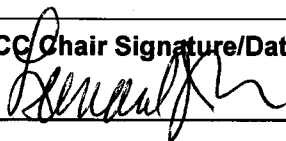
Enter Contact Hours per week in boxes.

LECTure 3 LAB 18 INDEpendent Study – Check (x)

Practicum: Seminar:

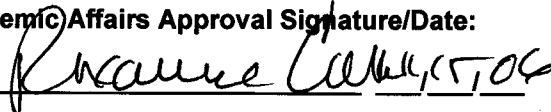
Full Course Title: Clinical Nursing 3

UCC Chair Signature/Date:



11, 9, 06

Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 ____, 1D4 ____]

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 9/23/02

I. ACTION TO BE TAKEN: DELETE COURSE.

The course described below will be moved to inactive status.

Term Effective: Semester Fall Spring Year 2008 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

Course Prefix

NURS

Number

234

Enter Contact Hours per week in boxes.

LECTure 2 LAB INDEpendent Study - Check (x)

Practicum: Seminar:

Full Course Title: Psychiatric Nursing

UCC Chair Signature/Date:

[Signature]

11, 9, 06

Academic Affairs Approval Signature/Date:

[Signature] 11/15/06

Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 ____, 1D4 ____]

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 9/23/02

I. ACTION TO BE TAKEN: DELETE COURSE.

The course described below will be moved to inactive status.

Term Effective: Semester Fall Summer Year 2008 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

Course Prefix

NURS

Number

228

Enter Contact Hours per week in boxes.

LECTure 2

LAB

INDEpendent Study – Check (x)

Practicum:

Seminar:

Full Course Title: Nursing of the Elderly

UCC Chair Signature/Date:

[Signature]

11/9/06

Academic Affairs Approval Signature/Date:

[Signature] 11/15/06

Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 __, 1D4 __]

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 9/23/02

I. ACTION TO BE TAKEN: DELETE COURSE.

The course described below will be moved to inactive status.

Term Effective: Semester Summer Year 2008 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

Course Prefix

NURS

Number

230

Enter Contact Hours per week in boxes.

LECTure 2

LAB

INDEpendent Study – Check (x)

Practicum:

Seminar:

Full Course Title: Transition into Technical Nursing

UCC Chair Signature/Date:

[Signature]

11, 9, 06

Academic Affairs Approval Signature/Date:

[Signature]

Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 ____, 1D4 ____]

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 9/23/02

I. ACTION TO BE TAKEN: DELETE COURSE.

The course described below will be moved to inactive status.

Term Effective: Semester Full Summer Year 2008 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

Course Prefix

NURS

Number

236

Enter Contact Hours per week in boxes.

LECTure 3

LAB 18

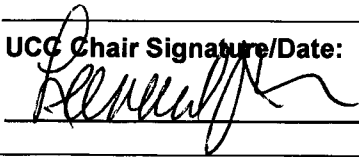
INDEPENDent Study - Check (x)

Practicum:

Seminar:

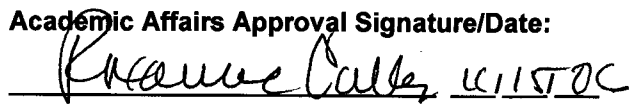
Full Course Title: Clinical Nursing 4

UCC Chair Signature/Date:



11, 9, 06

Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 __, 1D4 __]