OFFICE OF ACADEMIC AFFAIRS
COURSE APPROVAL FORM
COURSE CHANGE

College: Nursing           Prefix/Subject Code: NUR           Course Number: 312L

Course Title: Clinical           Credit Hours: 0           Cross Listed: 

Nature of Change:
(Check all that apply)

☐ Course Number Change   Old Number: ___________   New Number: ___________

☐ Course Description Change
Old Description:

New Description:

☐ Course Requisite Change
Old Requisite:

NUR 312

New Requisite:

NONE

☐ Course Restriction Change
Old Restriction:

New Restriction:

☐ Fee Change
Old Fee: ___________   New Fee: ___________

☐ Delete

☐ Move to Inactive

☐ Return to Active

Effective Date: Fall 2017
Justification of Change:

The student needs to be able to register the class separate from the clinical component. By having a co-requisite course listed, the class and clinical cannot be registered separately.

Department Chair: [Signature] 11/29/16
Grad. Council: ______________________________

College Dean: [Signature] Mark N. Adams 11/28/16
Graduate Dean: ______________________________

College Curriculum Commitee: ______________________________

Undergrad Curriculum Cmte: ____________________ Provost: ______________________________

Acknowledgements from other units:
Department Chair: ______________________________ College Dean: ______________________________