OFFICE OF ACADEMIC AFFAIRS

COURSE APPROVAL FORM





College: Nursing	Prefix/Subject Code: NUR	_ Course Number: 312L
Course Title: Clinical	Credit Hours:_0	Cross Listed:
Nature of Change: (Check all that apply)	Effective Date:	Fall 2017
☐ Course Number Change Old	d Number: New	v Number:
Course Description Change Old Description:	New Description:	
Course Requisite Change Old Requisite:	New Requisite) :
NUR 312	NONE	
Course Restriction Change Old Restriction:	New Restriction	on:
☐ Fee Change Ol	ld Fee: Ne	w Fee <u>:</u>
☐ Delete		
☐ Move to Inactive		
Return to Active		

Justification of Change:	
The student needs to be able to register the class co-requisite course listed, the class and clinical ca	separate from the clinical component. By having a nnot be registered separately.
Department Chair: Kaun Futh 11/28/14 College Dean: Mass - W. Adams 11/28/14	/ ∕⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄
College Dean: Marsh - W. adams	_ Graduate Dean:
College Curriculum Commitee:	
Undergrad Curriculum Cmte:	Provost:
Acknowledgements from other units:	
Department Chair:	College Dean: