Attachment B

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

SCHOOL OF NURSING

Course Change Approval Analysis Form

Date of Proposal________________________ Course Name ________________________________

Proposing Faculty____________________ Course Number ________________________________

If different from Lead Faculty/Course Facilitator/ Course Faculty Signature __________________________

1. Briefly describe the proposed course change including rationale.

2. Does the proposed change affect any other requirements either pre- or co-requisites or other courses? If yes, explain.

3. Does the proposed change reflect compatibility with the following?

<table>
<thead>
<tr>
<th>Mission and Vision of School of Nursing</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN Organizing Framework</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Does the proposed change alter any of the following considerations?

<table>
<thead>
<tr>
<th>Clinical/Theory Ratio</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present Theory Credit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distribution of Credit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower and Upper Division Levels</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Number of Credits Required for Degree</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing Objectives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students' Progression through the Program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If any of the criteria under #4 was answered with a yes, then proceed with completion of the following question:

5. What evaluation criteria were used to formulate the decision to request a course change?
Curriculum Leader Group (CLG) Recommendation

Rationale

Curriculum Leadership Group
Chair Signature ______________________
Date received ______________________
Date returned ______________________

Undergraduate Programs Council (Traditional, RN/BSN, or Accelerated BSN) Recommendation

Rationale

Council Chair Signature ________________
Date received ______________________
Date returned ______________________
6. When is the course first available for student enrollment?

<table>
<thead>
<tr>
<th>Semester</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td></td>
</tr>
<tr>
<td>Spring</td>
<td></td>
</tr>
<tr>
<td>Summer</td>
<td></td>
</tr>
</tbody>
</table>

Name of proposing Faculty ____________________________________________

Date of Proposal ____________________________________________________

*Please attach a proposed course syllabus to this form. The course syllabus should include:

- Course number**
- Course number** broken down by number of semester hours, number of didactic hours, number of laboratory/clinical hours (see Undergraduate Programs Manual for detailed examples)
- Course name
- Course description
- Course overview
- Pre- or co-requisites (including whether or not it is an interdisciplinary course)
- Major objectives
- Evaluation Methods***
- Teaching/Learning Activities***
- Additional information or special needs (i.e. if the proposed course is a clinical course, include proposed site for clinical experiences***

**Assigned by the appropriate Department Chair.

***For Curriculum Leadership Group (CLG) purposes only

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Developed: BH 05/83, 08/83
Revised: CC & DO 10/07, RN/BSN
PC 03/10/17
Reviewed: UPC 9/1/11, 9/1/13, 03/16/16