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?

   Mission and Vision of School of Nursing  Yes  No
   BSN Organizing Framework

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

   Clinical/Theory Ratio  Yes  No
   Present Theory Credit
   Distribution of Credit
   Lower and Upper Division Levels
   Total Number of Credits Required for Degree
   Existing Objectives
   Students' Progression through the Program

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?
Course Change Approval Analysis Form
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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>
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<tbody>
<tr>
<td>Fall</td>
<td>___</td>
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<tr>
<td>Spring</td>
<td>___</td>
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<tr>
<td>Summer</td>
<td>___</td>
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</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***

assigns by the appropriate Department Chair.
***For Curriculum Leadership Group (CLG) purposes only

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, 09/2020