9-20-2007

Council on Academic Affairs Minutes, Sep 20, 2007

Eastern Kentucky University

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COUNCIL ON ACADEMIC AFFAIRS MINUTES
September 20, 2007

Members Present:	Onda Bennett, Rich Boyle, Larry Collins (representing Allen Ault), Ed Davis, Michael Foster, Gary Kuhnhenn, Kim Naugle, Jaleh Rezaie, Heidi Terry, Liz Throop, Janna Vice (Vice Chair), Deborah Whitehouse
Members Absent:	Scott Amundsen, Allen Ault, Steve Byrn, David Eakin, Verna Freer*, Sandra Moore, Rodney Piercey (Chair)
	*indicates prior notification
Non-Members Present:	Sheila Adkins, Mike Ballard, Larry Collins, Gladys Johnson, Margaret Moore, Julie Robinson, John A. Stratman, Linda Turner

Dr. Janna Vice called the Council on Academic Affairs to order at 1:30 p.m. on September 20, 2007. Dr. Vice called attention to the new design of the agenda and minutes, especially the inclusion of Information Items. The Council agreed the new format would allow for flexibility in the arrangement of materials that could aid future meeting times.

APPROVED
Approval of the Minutes – August 16, 2007
The minutes were approved as distributed.

Office of University Programs

Department of Cooperative Education / Applied Learning

APPROVED
Catalog Text Revision   **Cooperative Education / Applied Learning**
The Council approved a catalog text revision that would clarify language concerning Applied Learning. The revised text includes reference to State and Federal wage guidelines for the Co-op salary as well as the length of Applied Learning programs. Gladys Johnson was present to answer questions, including a question concerning the difference between Cooperative Education and Applied Learning.

Office of University Programs - Continued

General Education

Informational Item   **Transfer Policy Proposal for Students with ENG 102 credit**
                            General Education and Transfer Guidelines

To follow up a previous proposal brought to the Council on transfer credit for students
with ENG 102 credit (refer to August 2007), Dr. Bennett informed the Council that the
existing guidelines are sufficient for the transfer situation. Dr. Vice reminded the
Council that General Education recommends the Council maintain the policy and make
decisions on a case-by-case basis. She offered that the Council could review the policy at
a later date if a new policy is required.

College of Health Sciences

Editorial Change   **Degree Requirements—Associate Degree**
Catalog text revision to bring the College of Health Sciences into compliance with
University General Education hours.

Editorial Change   **CHS 207 Survey of Disease**
Catalog text revision to change "instructor approval" to "department approval."

Editorial Change   **CHS 420 Special Topics for Health Professions**
Catalog text revision to change "instructor approval" to "department approval."

Department of Baccalaureate & Graduate Nursing

The following items from the Department of Baccalaureate and Graduate Nursing were moved
for approval together and approved with the revision of "C-" to "C" for the prerequisite
minimum course grade requirement.

APPROVED
Course Revision   **NSC 330 Clinical Drug Therapy**   Spring 2008
Prerequisite revision from "BIO 301, NSC 350 or department approval" to "NSC 332, 350, and
380 with a minimum grade of "C" or better." Add NSC 386 as a corequisite.

Course Revision   **NSC 332 Health Assessment and Promotion**   Spring 2008
Prerequisite revision to add "with a grade of "C" or better and admission to the baccalaureate
nursing major." Add NSC 350 and NSC 380 as a prerequisite or corequisite.

Course Revision   **NSC 350 Pathophysiology**   Spring 2008
Prerequisite revision from "BIO 171, 301 or departmental approval" to "NSC 232, 242, and 252
with a grade of "C" or better and admission to the baccalaureate nursing major. Add NSC 332
and NSC 380 as a prerequisite or corequisite.

College of Health Sciences - Continued

Course Revision　　　**NSC 378 Short Topics in Clinical Nursing**　　　Spring 2008
Prerequisite revision to add NSC 392 and 296.

Course Revision　　　**NSC 380 Adult Health Nursing I**　　　Spring 2008
Prerequisite revision to add "with a grade of "C" or better and admission to the baccalaureate nursing major." Add NSC 332 as a prerequisite or corequisite.

Course Revision　　　**NSC 386 Adult Health Nursing II**　　　Spring 2008
Prerequisite revision to add NSC 332 and "with a grade of "C" or better." Add NSC 330 as a corequisite.

Course Revision　　　**NSC 390 Nursing Research**　　　Spring 2008
Prerequisite revision from "NSC 381 or 386; STA 215 or departmental approval" to "STA 215 or 270 with a grade of "C" or better."

Course Revision　　　**NSC 392 Mental Health Nursing**　　　Spring 2008
Prerequisite revision to add "with a grade of "C" or better" and to drop "departmental approval."

Course Revision　　　**NSC 396 Family Health Nursing**　　　Spring 2008
Prerequisite revision to add "with a grade of "C" or better" and to drop "departmental approval."

Course Revision　　　**NSC 480 Health Care Leadership**　　　Spring 2008
Prerequisite revision to add NSC 390 and "with grades of "C" or better" and to removed "departmental approval."

Course Revision　　　**NSC 484 Adult Health Nursing III**　　　Spring 2008
Prerequisite revision to add NSC 390 and "with a grade of "C" or better."

Course Revision　　　**NSC 486 Public Health Nursing**　　　Spring 2008
Prerequisite revision to drop prerequisites.

Course Revision　　　**NSC 492 Complex Client Health Care**　　　Spring 2008
Prerequisite revision to add "with minimum grades of "C"" and drop "departmental approval." Add NSC 495 as a corequisite.

Course Revision　　　**NSC 495 Professional Role Transition**　　　Spring 2008
Prerequisite revision from "senior standing in the major" to "NSC 480, 484, and 486 with minimum grades of "C"." Add "NSC 492 with minimum grade of "C"" as a corequisite.

Course Revision　　　**NSC 496 Application of Nursing Theory**　　　Spring 2008
Prerequisite revision from "NSC 484 or departmental approval" to "NSC 480, 484, and 86 with minimum grades of "C"."

College of Health Sciences - Continued

APPROVED
Program Revision **Nursing B.S.N. Second Degree Option** Spring 2008
Catalog text revision to include "as well as the 6 hours of supporting course requirements" for flexibility in the B.S.N. program.

Department of Clinical Laboratory Science

Editorial Change	**CLS 303**	**Clinical Laboratory Skills**
Editorial Change	**CLS 305**	**Analysis of Body Fluids**
Editorial Change	**CLS 308**	**Clinical Serology**
Editorial Change	**CLS 309**	**Clinical Immunology**
Editorial Change	**CLS 310**	**Hematology and Coagulation**
Editorial Change	**CLS 320**	**Immunohematology**
Editorial Change	**CLS 346**	**Clinical Chemistry**
Editorial Change	**CLT 201**	**Urinalysis**
Editorial Change	**CLT 204**	**Immunology/Blood Banking**

Catalog text revisions to change "instructor approval" to "departmental approval."

Editorial Change **CLT 208 Clinical Techniques** Spring 2008
Catalog text revision to change "instructor approval" to "departmental approval" and to add CHE 115 with CHE 111.

Department of Environmental Health Science

APPROVED
Course Revision **EHS 225 African/African-American Health Issues** Spring 2008
Cross list course with AFA 225. Catalog text revision to add "Credit will not be awarded to students who have credit for AFA 225.

APPROVED
Course Revision **EHS 285 Professional Standards** Spring 2008
Add EHS 335 as a corequisite.

APPROVED
Course Revision **EHS 335 Hazardous and Solid Waste Management** Spring 2008
Add EHS 285 as a corequisite.

APPROVED
Course Revision **EHS 460 Housing and Institutional Environments** Spring 2008
Add EHS 485 as a corequisite.

College of Health Sciences – Continued

APPROVED
Course Revision   **EHS 485 Professional Practice Seminar**   Spring 2008
Add EHS 460 as a corequisite.

Department of Family & Consumer Science

Editorial Change   **FRM 456 Special Problems in Family Economics and Management**
Editorial Change   **NFA 344 Institutional Purchasing**
Editorial Change   **NFA 415 Seminar in the Dietetics Profession**
Editorial Change   **NFA 416 Special Problems in Nutrition**
Catalog text revisions to change "instructor approval" to "departmental approval."

APPROVED
Course Revision   **NFA 301 Bio Nutrition**   Spring 2008
Add CHE 116 to prerequisites.

Department of Health Promotion & Administration

APPROVED
Course Revision   **HEA 450 Interpretation of Health Data**   Spring 2008
Drop CRJ 400, ECO 824, and STA 208 as equivalent courses to HEA 450.

APPROVED
Course Revision   **HEA 458 AIDS and the Social Response**   Spring 2008
Catalog text revisions to change "instructor approval" to "departmental approval."

APPROVED
Course Revision   **HEA 580 (490) Evaluation of Health Promotion**   Spring 2008
                                                Programs
Course number change from HEA 580 to HEA 490. 700-level courses were dropped previously.
Catalog text revision to include "Formerly HEA 580." Course is part of the Teacher Education
program and requires approval.

APPROVED
  Course Revision   **HEA 598 (480) Health Promotion Program Planning**   Spring 2008
Course number change from HEA 598 to HEA 480. 700-level courses were dropped previously.
Catalog text revision to include "Formerly HEA 598." Course is part of the Teacher Education
program and requires approval.

College of Health Sciences – Continued

APPROVED
Course Revision   **HNF (HSA) 498 Independent Study in Health**   Spring 2008
                          Services Administration
Course title revision from "Independent Study in Health Information" to "Independent Study in
Health Services Administration." Course prefix change from HNF to HSA. Catalog text
revision to include "Formerly HNF 498." Course description revision to change "health
information" to "health services administration."

APPROVED
Program Revision   **Health Education (Non-Teaching) Minor**   Summer 2008
To drop HEA 580 and 598 from the minor requirements and to include HEA 480 and 490. This
revision aligns the requirements with the recently approved changes.

APPROVED
Program Revision   **Health Education B.S.**   Summer 2008
To drop HEA 580 and 598 from the Health Core and add HEA 480 and 490. This revision
reflects recently approved changes. To revise free electives from 2-19 to 8-30 hours.

APPROVED
Course Dropped   **HNF 202 Health Information Processing**   Spring 2008
Course Dropped   **HNF 310 Health Data Quality and Utilization**   Spring 2008
Course Dropped   **HNF 311 Practical Applications in Health**   Spring 2008
                          Information Technology
Course Dropped   **HNF 312 Medical Record Technical Practice**   Spring 2008
Course Dropped   **HNF 332 Legal Principles for Health Care**   Spring 2008
                          Professionals
Courses have not been taught for several years.

APPROVED
Course Revision   **MAS 355 Medical Office Claims Procedures**   Spring 2008
Catalog text revision from "instructor approval" to "departmental approval." Prerequisite
revision from CHS 200 to MAS 200.

APPROVED
Program Suspended   **Medical Administrative Certificate Program**   Spring 2008
Students no longer pursue this option. There are no students currently matriculating through this
program.

Informational Items

1. The Comparative Humanities program was approved by the Council on
   Postsecondary Education on August 13, 2007 and by the Eastern Kentucky
   University Board of Regents on September 8, 2007.

Information Items – Continued

2. Syllabus Policy Update. The Syllabus Policy will be an agenda item for the October meeting for Council on Academic Affairs.

   During the summer, Dr. Thompson charged a committee to review the current syllabus policy. Representatives from all of the colleges discussed potential minor revisions concerning student learning outcomes instead of course objectives and revision of the general education courses. The policy is slated to be on the October agenda.

3. Refer to the Council on Academic Affairs Proposal Summary at http://www.academicaffairs.eku.edu/committee/academic_council/reference/Proposal%20Summary.pdf to track curriculum approvals.

Good of the Order

Dr. Vice mentioned the approval of three WMS 500-level courses that were approved at the March 2007 meeting to be cross-listed with three HEA courses. However, no 700-level counterparts in WMS were created. She suggested this may require a caveat in the 500-700 level policy.

TO: Members of the Council on Academic Affairs

FROM: Janna Vice

DATE: September 11, 2007

RE: Meeting—Council on Academic Affairs

The Council on Academic Affairs will meet on September 20, at 1:30 p.m. in Student Services Building room 549. The agenda and attachments are available through the Council on Academic Affairs Web site at: www.academicaffairs.eku.edu/committee/ academic_council/. If you cannot attend the meeting, please contact Sarah McCartt either by phone at 622-1247 or e-mail sarah.mccartt@eku.edu.

COUNCIL ON ACADEMIC AFFAIRS AGENDA
September 20, 2007

Call to Order
Approval of the Minutes – August 16, 2007

Office of University Programs

Department of Cooperative Education / Applied Learning

Catalog Text Revision **Cooperative Education / Applied Learning**

General Education

Informational Item **Transfer Policy Proposal for Students with ENG 102 credit General Education and Transfer Guidelines**

College of Health Sciences

Editorial Change	**Degree Requirements—Associate Degree**	
Editorial Change	**CHS 207 Survey of Disease**	
Editorial Change	**CHS 420 Special Topics for Health Professions**	

Department of Baccalaureate & Graduate Nursing

Course Revision	**NSC 330 Clinical Drug Therapy**	Spring 2008
Course Revision	**NSC 332 Health Assessment and Promotion**	Spring 2008
Course Revision	**NSC 350 Pathophysiology**	Spring 2008
Course Revision	**NSC 378 Short Topics in Clinical Nursing**	Spring 2008
Course Revision	**NSC 380 Adult Health Nursing I**	Spring 2008
Course Revision	**NSC 386 Adult Health Nursing II**	Spring 2008
Course Revision	**NSC 390 Nursing Research**	Spring 2008
Course Revision	**NSC 392 Mental Health Nursing**	Spring 2008
Course Revision	**NSC 396 Family Health Nursing**	Spring 2008
Course Revision	**NSC 480 Health Care Leadership**	Spring 2008
Course Revision	**NSC 484 Adult Health Nursing III**	Spring 2008
Course Revision	**NSC 486 Public Health Nursing**	Spring 2008
Course Revision	**NSC 492 Complex Client Health Care**	Spring 2008
Course Revision	**NSC 495 Professional Role Transition**	Spring 2008
Course Revision	**NSC 496 Application of Nursing Theory**	Spring 2008
Program Revision	**Nursing B.S.N. Second Degree Option**	Spring 2008

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Editorial Change	**CLS 303 Clinical Laboratory Skills**	
Editorial Change	**CLS 305 Analysis of Body Fluids**	
Editorial Change	**CLS 308 Clinical Serology**	
Editorial Change	**CLS 309 Clinical Immunology**	
Editorial Change	**CLS 310 Hematology and Coagulation**	
Editorial Change	**CLS 320 Immunohematology**	
Editorial Change	**CLS 346 Clinical Chemistry**	
Editorial Change	**CLT 201 Urinalysis**	
Editorial Change	**CLT 204 Immunology/Blood Banking**	
Course Revision	**CLT 208 Clinical Techniques**	Spring 2008

Department of Environmental Health Science

Course Revision	**EHS 225 African/African-American Health Issues**	Spring 2008
Course Revision	**EHS 285 Professional Standards**	Spring 2008
Course Revision	**EHS 335 Hazardous and Solid Waste Management**	Spring 2008
Course Revision	**EHS 460 Housing and Institutional Environments**	Spring 2008
Course Revision	**EHS 485 Professional Practice Seminar**	Spring 2008

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Editorial Change	**NFA 344 Institutional Purchasing**	
Editorial Change	**NFA 415 Seminar in the Dietetics Profession**	
Editorial Change	**NFA 416 Special Problems in Nutrition**	
Course Revision	**NFA 301 Bio Nutrition**	Spring 2008

Department of Health Promotion & Administration

Course Revision	**HEA 450 Interpretation of Health Data**	Spring 2008
Course Revision	**HEA 458 AIDS and the Social Response**	Spring 2008
Course Revision	**HEA 580 (490) Evaluation of Health Promotion Programs**	Spring 2008
Course Revision	**HEA 598 (480) Health Promotion Program Planning**	Spring 2008
Course Revision	**HNF (HSA) 498 Independent Study in Health Services Administration**	Spring 2008
Program Revision	**Health Education (Non-Teaching) Minor**	Summer 2008
Program Revision	**Health Education B.S.**	Summer 2008
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Course Dropped	**HNF 311 Practical Applications in Health Information Technology**	Spring 2008
Course Dropped	**HNF 312 Medical Record Technical Practice**	Spring 2008
Course Dropped	**HNF 332 Legal Principles for Health Care Professionals**	Spring 2008
Course Revision	**MAS 355 Medical Office Claims Procedures**	Spring 2008
Program Suspended	**Medical Administrative Certificate Program**	Spring 2008

Informational Items

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3. Refer to the Council on Academic Affairs Proposal Summary at http://www.academicaffairs.eku.edu/committee/academic_council/reference/Proposal%20Summary.pdf to track curriculum approvals.
4. Good of the Order

EASTERN KENTUCKY UNIVERSITY

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Office of Academic Affairs and Research
Office of the Dean
University Programs

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521 Lancaster Avenue
Richmond, Kentucky 40475-3163
(859) 622-2222 Fax (859) 622-5018

TO: Janna Vice, Associate Provost

FROM: Onda Bennett
             Dean, University Programs

DATE: September 7, 2007

RE: Agenda Items for 9/20/07 Council on Academic Affairs meeting

The following items are being submitted to the Council on Academic Affairs for consideration at the September 20 meeting from the Division of University Programs:

Department of Cooperative Education/Applied Learning
Catalog Copy Changes
Changes in the catalog copy were made to more accurately reflect the requirement to work until the end of the semester.

Information Item
Transfer policy proposal for English 102
The proposed policy was reviewed by the Chair of English and the General Education Coordinator. It was decided that the policy is not necessary. The existing general education and transfer guidelines are clear and provide sufficient guidance. (memo attached)

Kentucky
UNBRIDLED SPIRIT

Eastern Kentucky University is an Equal Opportunity/Affirmative Action Employer and Educational Institution

COOPERATIVE EDUCATION/APPLIED LEARNING

Cooperative Education/Applied Learning provides the student with an opportunity to blend theory with practice resulting in a balanced education. Learning within the classroom is combined with practical on-the-job training in business, industry, and/or government.

Eligibility to participate in cooperative education/applied learning is determined by the faculty coordinator in the department of the student's major. Prior to enrolling in cooperative education/applied learning, students should normally have completed 30 credit hours. Transfer students should have completed one semester at EKU before applying for cooperative education. All students must have at least a 2.0 grade point average when applying; however, this may vary depending on the departmental requirements.

Acceptance of a co-op/applied learning position for academic credit is contingent upon a suitable training plan through an agreement with the employer. The Co-op salary for each position must fall within State and Federal wage guidelines.

The amount of credit a student may earn is determined by the academic college or department involved. The University requires a minimum of 80 hours of employment for each semester hour of academic credit, once hired, all students must work to the end of the semester (Co-op is typically 16 weeks Spring and Fall semesters and 12 weeks in the Summer; Applied Learning semester has more flexibility, however must be pre-approved). .

Academic credit will be awarded for cooperative education/applied learning only when the student is enrolled in the University and in the cooperative education program. A maximum of eight semester hours may be applied toward meeting graduation requirements for the associate degree, and a total of sixteen hours towards the bachelor's degree. Cooperative education/applied learning credit, for students pursuing a second undergraduate degree, will be determined by the academic department. Total credit hours for a graduate degree are determined by the department involved.

The student will be assigned a supervisor by the employer to provide direction and coordination on the job. The supervisor will also be responsible for providing periodic and final evaluation reports on the student and forwarding this information to the co-op director. Copies of these reports will be forwarded to the faculty coordinator.

Although the supervisor will appraise the performance of each student, the grade will be assigned by the department in accordance with established criteria and through a comprehensive evaluation.

To maximize the benefit to the student, it is assumed that the employer will make every attempt to provide the student with a broad exposure to experiences related to the student's career goals and the nature of the training site. The student should, however realize that he/she is a full-time or part-time productive employee. The participating employer, the student, and the University will each sign a letter of agreement spelling out the duties of the student.

The majority of EKU co-op students utilize the parallel plan allowing students to work part-time for multiple semesters three or more semesters while maintaining a full-time course load. However, some co-op students may also be employed full-time, alternating classroom training with work-based training for a period of two or more semesters, following the employer's schedule. In addition, students may work full-time during the summer semester (twelve weeks), but must also work in their co-op position during the fall and/or spring semesters. Special plans may also be developed to meet the needs of the student and employer. The student will in most instances return to the same location for each cooperative education experience. A student may however, occasionally be allowed to work for several employers in varying situations as long as the work experience is related to the student's career goals and those of the program.

A student participating in the Applied Learning program must meet the same standards of the Co-op Program; however, students in this program may ~~only~~ work one semester; work in a non-paid assignment; or in an assignment that does not meet the Cooperative Education multiple term or length requirements.

For additional information, contact the Co-op Office at (859) 622-1296, e-mail us at coop@eku.edu, or check out the Co-op website at www.coop.eku.edu.

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For additional information, contact the Co-op Office at (859) 622-1296, e-mail us at coop@eku.edu, or check out the Co-op website at www.coop.eku.edu.

Memo

To: Scott Summers, Transfer Coordinator

From: James Keller, Chair, English Department

         Rose Perrine, Coordinator, General Education

CC: Onda Bennett, Dean University Programs

Date: 9/21/2007

Re: Transfer Policy for ENG 101/102

The purpose of this memo is to provide guidance to the Transfer Coordinator regarding students who transfer in a course equivalent to ENG 102, without a course equivalent to ENG 101.

Existing Guidelines. The revised General Education Program Guidelines for Eastern Kentucky University (February 28, 2005; Page 8) states the following: *"Block I: Communication (9 hours). This block of general education requires that students take six hours in written communication and three hours in oral communication."*

Transfer Guidelines. If students transfer in only three hours of written communication they are required to take an additional three hours. If they transfer in a course equivalent to ENG 101, then they are required to take ENG 102. If they transfer in a course equivalent to ENG 102, then they are required to take ENG 101.

If a student would like to seek an exception to the General Education Program Guidelines, he/she should be advised to do so through the existing procedure for seeking exceptions to academic policies. Another option for students is to take a CLEP exam for ENG 101.

Office of the Dean
Dr. David D. Gale, Dean
Dr. Deborah Whitehouse, Assoc. Dean
Julie K. Brewer, Administrative Assistant

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TO: Council on Academic Affairs

FROM: *Deborah Whitehouse*
             Dr. Deborah Whitehouse, Associate Dean

SUBJECT: Agenda Items

DATE: September 11, 2007

Please include the attached curriculum proposals onto the agenda for the meeting of the Council on Academic Affairs on September 20, 2007.

College of Health Science

Editorial   Editorial change based on University policy change.
                              This is to stay in the requirements of the University policy
                              re: general education hrs for Associate degree.   Eff. Spring 2008
                                           page CHS 1

Editorial

CHS207 &420   Revise Prerequisite/co-requisite:
                              from instructor to departmental   Eff. Spring 2008
                                           pages CHS 3-5

Baccalaureate and Graduate Nursing

Spreadsheet of Changes   page CHS 7

Course Revision
NSC330   See Spreadsheet   Eff. Spring 2008
                                           pages CHS 9 – 10

Course Revisions (cont.)

NSC332	See Spreadsheet	Eff. Spring 2008
	Pages CHS 11-12	
NSC350	See Spreadsheet	Eff. Spring 2008
	Pages CHS 13-14	
NSC378	See Spreadsheet	Eff. Spring 2008
	Pages CHS 15-16	
NSC380	See Spreadsheet	Eff. Spring 2008
	Pages CHS 17-18	
NSC386	See Spreadsheet	Eff. Spring 2008
	Pages CHS 19-20	
NSC390	See Spreadsheet	Eff. Spring 2008
	Pages CHS 21-22	
NSC392	See Spreadsheet	Eff. Spring 2008
	Pages CHS 23-24	
NSC396	See Spreadsheet	Eff. Spring 2008
	Pages CHS 25-26	
NSC480	See Spreadsheet	Eff. Spring 2008
	Pages CHS 27-28	
NSC484	See Spreadsheet	Eff. Spring 2008
	Pages CHS 29-30	
NSC486	See Spreadsheet	Eff. Spring 2008
	Pages CHS 31-32	
NSC492	See Spreadsheet	Eff. Spring 2008
	Pages CHS 33-34	
NSC495	See Spreadsheet	Eff. Spring 2008
	Pages CHS 35-36	
NSC496	See Spreadsheet	Eff. Spring 2008
	Pages CHS 37-38	

Program Revision	Revise Program Text to read as well as 6 hrs.	
	Of supporting course requirements	Eff. Spring 2008
	Page CHS 39	

CLINICAL LABORATORY SCIENCE

Editorials

CLS303	Revise Prerequisite from instructor to departmental	Eff. Spring 2008
	Pages CHS 41-42	
CLS305	Revise Prerequisite from instructor to departmental	Eff. Spring 2008
	Page CHS 43	
CLS308	Revise Prerequisite from instructor to departmental	Eff. Spring 2008
	Page CHS 44	
CLS309	Revise Prerequisite from instructor to departmental	Eff. Spring 2008
	Page CHS 45	
CLS310	Revise Prerequisite from instructor to departmental	Eff. Spring 2008
	Page CHS 46	
CLS320	Revise Prerequisite from instructor to departmental	Eff. Spring 2008
	Page CHS 47	
CLS346	Revise Prerequisite from instructor to departmental	Eff. Spring 2008
	Page CHS 48	

EDUCATION
PAYS

CLT201   Revise Prerequisite from instructor to departmental Eff. Spring 2008
<div align="center">Page CHS 49</div>

CLT204   Revise Prerequisite from instructor to departmental Eff. Spring 2008
<div align="center">Page CHS 50</div>

CLT208   Revise Prerequisite from instructor to departmental and
Add CHE Lab 115 to CHE111   Eff. Spring 2008
<div align="center">Pages CHS 51-52</div>

ENVIRONMENTAL HEALTH SCIENCE

Course Revisions

EHS225   Cross list with AFA225 (previously created and crosslinked
With EHS225)   Eff. Spring 2008
<div align="center">Pages CHS 53-54</div>

EHS285   Revise – add Co-requisite of EHS335   Eff. Spring 2008
<div align="center">Pages CHS 55-56</div>

EHS335   Revise – add Co-requisite of EHS285   Eff. Spring 2008
<div align="center">Pages CHS 57-58</div>

EHS460   Revise – add Co-requisite of EHS485   Eff. Spring 2008
<div align="center">Pages CHS 59-60</div>

EHS485   Revise – add Co-requisite of EHS460   Eff. Spring 2008
<div align="center">Pages CHS 61-62</div>

FAMILY AND CONSUMER SCIENCE

Editorials

FRM456   Revise Prerequisite from instructor to departmental Eff. Spring 2008
<div align="center">Pages CHS 63-64</div>

NFA344   Revise Prerequisite from instructor to departmental Eff. Spring 2008
<div align="center">Page CHS 65</div>

NFA415   Revise Prerequisite from instructor to departmental Eff. Spring 2008
<div align="center">Page CHS 66</div>

NFA416   Revise Prerequisite from instructor to departmental Eff. Spring 2008
<div align="center">Page CHS 67</div>

Course Revision

NFA301   Revise Prerequisite add CHE116 Lab to CHE112   Eff. Spring 2008
<div align="center">Pages CHS 69-70</div>

HEALTH PROMOTION AND ADMINSTRATION

Course Revision

HEA450   Revise equivalent courses dropping CRJ400, ECO824 and
STA208   Eff. Spring 2008
<div align="center">Pages CHS 71-72</div>

HEA458   Revise Prerequisite from instructor to departmental Eff. Spring 2008
<div align="center">Pages CHS 73-74</div>

HEALTH PROMOTION AND ADMINSTRATION

Course Revision (CONT)

HEA580   Change Course number to HEA490 Eff. Spring 2008
            Syllabi included
                Pages CHS 75-78

HEA598   Change Course number to HEA480 Eff. Spring 2008
            Syllabi included
                Pages CHS 79-82

PROGRAM REVISION

Minor in Community Hlth Ed.
  (Non Teaching)   Drop HEA580, 598, add HEA480, 490 to program
           Reflecting the changes above to the courses Eff. Spring 2008
                Page CHS 83

Health Education BS   Drop HEA580, 598, add HEA480, 490 to program
           Reflecting the changes above to the courses Eff. Spring 2008
                Page CHS 85-87

- *Pg 87 is informational check out sheet that Adds hours to check figures in program*

Under OLD Health Information Program

DROPPED COURSES (program no longer exists)

Course	Page	Effective
HNF202	Page CHS 89	Eff. Spring 2008
HNF310	Page CHS 90	Eff. Spring 2008
HNF311	Page CHS 91	Eff. Spring 2008
HNF312	Page CHS 92	Eff. Spring 2008
HNF332	Page CHS 93	Eff. Spring 2008

Course Revision

HNF498   Change to HSA498 – Keeping the Independent
          Study and reflecting the name revisions in the course
          (Syllabi attached)   Eff. Spring 2008
                Pages CHS 94-96

Medical Practice Management
Course Revision

MAS355   Revise prereq. from CHS200 to MAS200 and change
          Instructor to reflect departmental approval Eff. Spring 2008
                Pages CHS 97-98

Program Dropped

Medical Administrative Certificate Program
        No longer a need – not enough students pursue this
        Certificate so we are dropping it.   Eff. Spring 2008
              Page CHS 99

Editorial Change - Curriculum Form
(Present only one curriculum editorial change per form)
(Complete only the section(s) applicable.)

Part I
INFORMATIONAL

Department Name	COLLEGE OF HEALTH SCIENCE
College	COLLEGE OF HEALTH SCIENCE
*Course Prefix & Number	
*Course Title (30 characters)	
*Program Title	
	(Major ___, Option ___; Minor ___; or Certificate ___)
*Provide only the information relevant to the proposal.	

Viewed by CHS Curriculum Committee	Date: 9/5/07
Viewed by CHS Administrative Council Meeting	9/6/07

Completion of A is required: (Please be specific, but concise.)

A. 1. Specific action requested: Amend Associate Degree General Education hours to reflect the same requirements as SACS and that of the University

A. 2. Effective date: Immediately

Part III. Recording Data for Revised Program

1.   For a revised program, provide (a) the current program requirements and (b) the revised program, reflecting the exact changes being proposed.

New or Revised* Program
(*Use ~~strikeout~~ for deletions and underlines for additions.)

Associate Degree

1   A minimum grade of "C-" in each CLT, ~~HNF~~, MAS, NUR course and selected CHS courses is required.

2   A minimum of ~~16~~ **15** hours in courses approved for general education is required for all associate degree programs. These hours include ENG 101 and 102, or their equivalent. <u>The nine additional hours must include approved one course in each of the following categories: IIIA, IIIB, IIIA/B, or VII (Arts and Humanities); VA, VB, VC, or VII (Social and Behavioral Sciences); and II, IVA, IVB, or VII (Mathematics and/or Natural Sciences). For certain curricula, individual requirements are waived if they are satisfied in the major program.</u> ~~The ten additional hours must include approved courses in blocks IIIA and IIIB (humanities), block VB (social science), and block IVB (natural sciences) or an approved MAT course from block II. Courses that meet general education requirements have been identified by an asterisk(*).~~

3   In addition, an orientation course (HSO 100) is required for all associate degree programs.

Agreed thru both committees – editorial and to send thru CAA to reflect in catalog - JKR

curr:editorial.change.curriculum.form.wpd-01-02

Editorial Change - Curriculum Form
(Present only one curriculum editorial change per form)
(Complete only the section(s) applicable.)

Part I *Informational Item*

Department Name	COLLEGE OF HEALTH SCIENCE
College	COLLEGE OF HEALTH SCIENCE
*Course Prefix & Number	**CHS 207 and CHS 420**
*Course Title (30 characters)	**Listed together in Part II for catalog entry** *(per prior approval from Sarah McCartt)*
*Program Title	
	(Major ___, Option ___; Minor ___; or Certificate ___)
*Provide only the information relevant to the proposal.	

Original Proposal Approved by the Council on Academic Affairs on	Date:
Viewed by the College Curriculum Committee on	9/5/07

Completion of A is required: (Please be specific, but concise.)

A. 1. Specific action requested: Edit Instructor to departmental for consistency with Banner requirements

A. 2. Effective date: Spring 2008

Part II. Recording Data for New, Revised, or Dropped Course
(For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

CHS 207 Survey of Disease. (3) I. A. **Prerequisites**: BIO 171, 301. **Prerequisite or Corequisite**: CHS 105 or ~~instructor~~ **departmental** approval. An introduction to disease process and management. Includes a survey of disease of the major body systems. HNF students may not take this course to fulfill major requirements.

CHS 420 Special Topics for Health Professions. (1-2) A. Prerequisite: senior standing and/or ~~instructor~~ **departmental** approval. Topics of current interest to students enrolled in health professions. May be retaken to a maximum of six hours.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
CHS	207	SPRING 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	CHS

Credit Hrs.	Weekly Contact Hrs.	Repeatable Maximum No. of Hrs. _____
	Lecture ___ Laboratory ___ Other ___	Cip Code (first two digits only)

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____
			SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
		Thesis _____	Date of data entry _____
		Internship _____	
		Independent Study _____	Data entry person _____
		Practicum _____	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	~~instructor~~ <u>departmental</u>
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:		Dept. (4 letters)*
CHS	420	SPRING 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X		chs

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only)

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___
			SO ___ SR ___

		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
		Thesis ___	Date of data entry ___
		Internship ___	
		Independent Study ___	Data entry person ___
		Practicum ___	

<u>Co-Requisites and Prerequisites</u>   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	~~instructor~~ <u>departmental</u>
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
___ New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 330
___ Course Dropped (Part II)	*Course Title (30 characters)	Clinical Drug Therapy
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes****** ☐ **No** ☒		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

  *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To change prerequisite and pre/co-requisite.

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
        (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

NSC 330 Clinical Drug Therapy. (3) I, II, A. ~~Prerequisiste: Bio 301, NSC 350 or department approval.~~
<u>Prerequisites: NSC 332, 350, 380 with a grade of "C" or better. Co-requisite: NSC 386.</u> Foundation for applying drug knowledge in client care, with emphasis on increasing therapeutic effects and decreasing adverse effects. Includes study of selected drug classes, prototypes and individual drugs.
Updated 8/31/07 per Judy – Coreq.NSC386

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**330**	**Spring 2008**	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS **X**	**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. _____
	Lecture _____	Laboratory _____	Other _____	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____ SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY** Date of data entry _____
		Thesis _____	
		Internship _____	Data entry person _____
		Independent Study _____	
		Practicum _____	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	**NSC 386**
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	NSC 332 (C) and NSC 350 (C) and NSC 380 (C)
Course Prefix and No.	~~Bio 301 or department approval~~
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 332
Course Dropped (Part II)	*Course Title (30 characters)	Health Assessment and Promotion II
New Program (Part III)	*Program Title	
Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes****** ☐ **No** ☒		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

*If Applicable (Type NA if not applicable.)
**Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To change prerequisites and co-requisites.

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
(For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
NSC 332 Health Assessment and Promotion II. (2) I, II, A. ~~Prerequisites: NSC 232, 242, 252.~~ <u>Prerequisites: NSC 232, 242, 252 with a grade of "C" or better and admission to the baccalaureate nursing major. Pre or Co requisite: NSC 350, 380 with a grade of "C" or better.</u> Development of physical assessment skills and evaluation of health patterns for clients throughout the life cycle.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**332**	**SPRING 2008**	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS **X**	**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
			Date of data entry ___
		Thesis ___	
		Internship ___	
		Independent Study ___	Data entry person ___
		Practicum ___	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	NSC 232 (C) and NSC 242 (C) and NSC 252 (C)
Course Prefix and No.	**and admission to the** baccalaureate **nursing major**
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	NSC 350 (C) and NSC 380 (C)
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
___ New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 350
___ Course Dropped (Part II)	*Course Title (30 characters)	Pathophysiology
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes****** ☐ **No** x		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

 *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: Drop Prerequisite of Bio 171, 301 or departmental approval and add NSC 232, 242, 252 and admission to the baccalaureate nursing major. Pre or Co-requisite: NSC 332 and 380

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
 (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
 (*Use ~~strikethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
NSC 350 Pathophysiology. (3) I, II, A. Prerequisite: ~~Bio 171, 301 or departmental approval~~ <u>NSC 232, 242, 252 with a grade of "C" or better and admission to the baccalaureate nursing major. Pre or Co-requisite: NSC 332 and 380 with a grade of "C" or better</u>. Provides a framework for interpreting structural and functional changes associated with disease, facilitating critical thinking and decision making required of the professional nurse.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**350**	**SPRING 2008**	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS **X**	**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY** Date of data entry ___
		Thesis ___	
		Internship ___	Data entry person ___
		Independent Study ___	
		Practicum ___	

<div style="background:black;color:white">

Co-Requisites and Prerequisites   ****See definitions on following page****
</div>

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	NSC 232 (C) and NSC 242 (C) and NSC 252 (C)
Course Prefix and No.	**~~Bio 171, 301 or departmental approval~~**
Test Scores	<u>AND admission to the baccalaureate nursing major</u>
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	NSC 332 (C) and NSC 380 (C).
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
___ New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 378
___ Course Dropped (Part II)	*Course Title (30 characters)	**Short Topics in Clinical Nursing**
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes****** ___ **No** x		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

  *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To add prerequisites NSC392, and 396

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
     (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
  (*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
NSC 378 Short Topics in Clinical Nursing. (1-3) A. <u>Prerequisites: NSC392 and 396</u> Provides enrichment learning for upper division nursing students and practicing registered nurses. Each segment of the course describes the current trends in nursing theory and practice including relevant pathologic processes and usual nursing management. Emphasis on in-depth study of current interest topics. May be retaken to a maximum of six hours credit.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**378**	**SPRING 2008**	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS **X**	**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. _____
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____
			SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
		Thesis _____	Date of data entry _____
		Internship _____	
		Independent Study _____	Data entry person _____
		Practicum	

<div align="center">

Co-Requisites and Prerequisites   ****See definitions on following page****

</div>

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s):   (List prerequisites only.   List combinations below. Use **"and"** and **"or"** literally.)   (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	**NSC392 and NSC396**
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 380
Course Dropped (Part II)	*Course Title (30 characters)	Adult Health Nursing I
New Program (Part III)	*Program Title	
Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes****** ☐ **No** x		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

  *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To add prerequisites NSC232, 242, 252, and admission to the baccalaureate nursing major and add Pre/ Co-requisites of NSC332, 350

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
     (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

NSC 380 Adult Health Nursing I. (4) I, II. ~~Corequisite or prerequisite: NSC 350. Prerequisites: NSC 232, 242, 252~~ <u>Prerequisites: NSC 232, 242, 252 with a grade of "C" or better and admission to the baccalaureate nursing major.</u> **<u>Pre- or Co-requisite</u>**<u>: NSC 332, 350 with a grade of "C" or better</u>. Uses nursing process to develop practice solutions for selected adult health issues.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**380**	**SPRING 2008**	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS **X**	**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
		Thesis ___	Date of data entry ___
		Internship ___	
		Independent Study ___	Data entry person ___
		Practicum ___	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s):   (List prerequisites only.   List combinations below.   Use **"and"** and **"or"** literally.)   (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	NSC 232 (C) and NSC 242 (C) and NSC 252 (C)
Course Prefix and No.	**and admission to the** baccalaureate **nursing major**
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	NSC 332 (C) and NSC 350 (C).
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
___ New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 386
___ Course Dropped (Part II)	*Course Title (30 characters)	Adult Health Nursing II
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes****** [ ] **No** [x]		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

   *If Applicable (Type NA if not applicable.)
  **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To revise Pre/ Co-requisites to reflect Prerequisites: NSC 332,350, 380. Co-requisite: NSC 330.

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
       (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
 (*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
NSC 386 Adult Health Nursing II. (10) I, II. ~~Prerequisites: NSC 350, 380.~~ <u>Prerequisites: NSC 332,350, and 380 with a grade of "C" or better. Co-requisite: NSC 330.</u> Uses nursing process to develop practice solutions for selected adult health issues.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**386**	**SPRING 2008**	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS **X**	**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
		Thesis ___	Date of data entry ___
		Internship ___	
		Independent Study ___	Data entry person ___
		Practicum	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	NSC 330
Course Prefix and No.	

Prerequisite(s): (List prerequisites only.   List combinations below.   Use **"and"** and **"or"** literally.)   (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	NSC 332 (C) and NSC 350 (C) and NSC 380 (C)
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)		Department Name	Baccalaureate & Graduate Nursing
	New Course (Parts II, IV)	College	Health Sciences
x	Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 390
	Course Dropped (Part II)	*Course Title (30 characters)	Nursing Research
	New Program (Part III)	*Program Title	
	Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
	Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** **No** x		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ____	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	NA
Teacher Education Committee*	**NA**	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

*If Applicable (Type NA if not applicable.)
**Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To change prerequisites to reflect ~~Prerequisites: NSC 381 or 386; STA 215 or department approval~~ Prerequisites: STA 215 or 270.

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
   (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
NSC 390 Nursing Research. (2) I, II, A. ~~Prerequisites: NSC 381 or 386; STA 215 or department approval~~
Prerequisites: STA 215 or 270 with a grade of "C" or better. Uses the research process to guide nursing practice in the delivery of quality, cost effective health care.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**390**	**SPRING 2008**	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS **X**	**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. _____
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
		Thesis ___	Date of data entry _____
		Internship ___	
		Independent Study ___	Data entry person _____
		Practicum ___	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	STA 215(C) or 270 (C)
Course Prefix and No.	~~**NSC 381 or 386; or department approval**~~
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 392
Course Dropped (Part II)	*Course Title (30 characters)	Mental Health Nursing
New Program (Part III)	*Program Title	
Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes****☐ No** x		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

   *If Applicable (Type NA if not applicable.)
  **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To revise prerequisites dropping department approval.

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
   (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

NSC 392 Mental Health Nursing. (5) I, II. ~~Prerequisites: NSC 330, 386 or department approval.~~ <u>Prerequisites: NSC 330 and 386 with a grade of "C" or better.</u> Uses the nursing process to develop practice solutions for clients throughout the life cycle with selected mental health issues.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**392**	**SPRING 2008**	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS **X**	**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
		Thesis ___	Date of data entry ___
		Internship ___	
		Independent Study ___	Data entry person ___
		Practicum ___	

<table>
<tr><td colspan="2" align="center"><u>**Co-Requisites and Prerequisites**</u>   ****See definitions on following page****</td></tr>
<tr><td colspan="2">**Co-Requisite(s):**   (List only co-requisites. See below for prerequisites and combinations.)</td></tr>
<tr><td>Course Prefix and No.</td><td></td></tr>
<tr><td>Course Prefix and No.</td><td></td></tr>
<tr><td colspan="2">**Prerequisite(s)**: (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)</td></tr>
<tr><td>Course Prefix and No.</td><td align="center">NSC 330 (C) and NSC 386 (C)</td></tr>
<tr><td>Course Prefix and No.</td><td align="center">~~or department approval~~</td></tr>
<tr><td>Test Scores</td><td></td></tr>
<tr><td>Minimum GPA (when a course grouping or student cumulative GPA is required)</td><td></td></tr>
<tr><td colspan="2">**Co-Requisite(s) and/or Prerequisite(s) Combination** (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)</td></tr>
<tr><td>Course Prefix and No.</td><td></td></tr>
<tr><td>Test Scores</td><td></td></tr>
<tr><td>Minimum GPA (when a course grouping or student cumulative GPA is required)</td><td></td></tr>
<tr><td colspan="2">**Equivalent Course(s):**   (credit not allowed with; or formerly:)</td></tr>
<tr><td>Course Prefix and No.</td><td></td></tr>
<tr><td>Course Prefix and No.</td><td></td></tr>
<tr><td>Course Prefix and No.</td><td></td></tr>
</table>

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 396
Course Dropped (Part II)	*Course Title (30 characters)	Family Health Nursing
New Program (Part III)	*Program Title	
Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes****** ☐ **No** x		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved	**09/20/2007**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

  *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To revise prerequisites dropping departmental approval

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
     (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
NSC 396 Family Health Nursing. (7) I, II. ~~Prerequisites: NSC 330, 386, or department approval.~~ <u>Prerequisites: NSC 330 and 386 with a grade of "C" or better.</u> Uses the nursing process to develop practice solutions for families during the childbearing and child rearing experience.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**396**	**SPRING 2008**	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS **X**	**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. _____
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____ SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
		Thesis ___	Date of data entry _____
		Internship ___	
		Independent Study ___	Data entry person _____
		Practicum ___	

Co-Requisites and Prerequisites ****See definitions on following page****

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	NSC 330 (C) and NSC 386 (C)
Course Prefix and No.	~~or department approval.~~
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
___ New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 480
___ Course Dropped (Part II)	*Course Title (30 characters)	Health Care Leadership
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes****** ☐ **No** ☒		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

  *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To revise prerequisites dropping or department approval

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
     (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
 (*Use ~~strikethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
NSC 480 Health Care Leadership. (3) I, II. ~~Prerequisites: 392, 396, or 385, or department approval.~~ <u>Prerequisites: NSC 390, 392, and 396 with grades of "C" or better.</u> An overview of leadership and management theory within nursing including legal, ethical and economic concepts. Prepares students to assume leadership in dynamic health care systems to promote comprehensive, cost-effective health care.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**480**	**SPRING 2008**	AS ____ JS ____ BT ____ EM ____ ED ____ PC ____ HS **X**	**NURB**

Credit Hrs.	Weekly Contact Hrs.	Repeatable Maximum No. of Hrs. _____
	Lecture ____ Laboratory ____ Other ____	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____
			SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
			Date of data entry _____
		Thesis _____	
		Internship _____	Data entry person _____
		Independent Study _____	
		Practicum _____	

<div style="text-align:center">

Co-Requisites and Prerequisites   ****See definitions on following page****

</div>

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only.   List combinations below. Use **"and"** and **"or"** literally.)   (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	<u>NSC 390 (C) and NSC 392 (C) and NSC 396 (C)</u>
Course Prefix and No.	~~or department approval.~~
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
___ New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 484
___ Course Dropped (Part II)	*Course Title (30 characters)	Adult Health Nursing III
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes****** ___ **No** x		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

*If Applicable (Type NA if not applicable.)
**Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To revise prerequisites by adding NSC390.

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
(For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
NSC 484 Adult Health Nursing III. (5) I, II. ~~Prerequisites: NSC 392, 396.~~ <u>Prerequisites: NSC 390, 392, and 396</u> <u>with a grade of "C" or better.</u> Uses nursing process to develop practice solutions for selected adult health issues.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**484**	**SPRING 2008**	AS ____ JS ____ BT ____ EM ____ ED ____ PC ____ HS X	**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ____
	Lecture ____	Laboratory ____	Other ____	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____
			SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
			Date of data entry _____
		Thesis _____	
		Internship _____	Data entry person _____
		Independent Study _____	
		Practicum _____	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only.   List combinations below. Use **"and"** and **"or"** literally.)   (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	**NSC 390 (C) and NSC 392 (C) and NSC 396 (C)**
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
_ New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	**NSC 486**
_ Course Dropped (Part II)	*Course Title (30 characters)	**Public Health Nursing**
_ New Program (Part III)	*Program Title	
_ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
_ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes****** [ ] **No** [x]		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

   *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To delete prerequisites.

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
     (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
NSC 486 Public Health Nursing. (5) I, II. ~~Prerequisites: NSC 392, 396, or 385, or department approval~~.
Synthesizes nursing concepts and applies the nursing process to develop practice partnerships with communities and their subsystems.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**486**	**SPRING 2008**	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X	**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. _____
	Lecture _____	Laboratory _____	Other _____	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____ SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
			Date of data entry _____
		Thesis _____	
		Internship _____	Data entry person _____
		Independent Study _____	
		Practicum _____	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	**~~NSC 392, 396, or 385, or department approval~~**.
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
_ New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 492
_ Course Dropped (Part II)	*Course Title (30 characters)	Complex Client Health Care
_ New Program (Part III)	*Program Title	
_ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
_ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes**** [ ] **No** [x]		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

   *If Applicable (Type NA if not applicable.)
  **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To change prerequisites and Pre/ Co-requisites

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
   (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.) NSC 492 Complex Client Health Care. (5) I, II. ~~Prerequisites: NSC 480, 484. 486 or department approval.~~ <u>Prerequisites: NSC 480, 484, and 486 with minimum grades of "C." Co-requisite: NSC 495 with a minimum grade of "C".</u> Synthesizes nursing competencies to manage complex health problems, integrating legal, ethical and economic concepts.

- *Amended the NSC495 from pre req or co req to be just a Co-requisite in the CCC 9-5-07 meeting*

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**492**	**SPRING 2008**	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS **X**	**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY** Date of data entry _____
		Thesis ___	
		Internship ___	Data entry person _____
		Independent Study ___	
		Practicum ___	

Co-Requisites and Prerequisites ****See definitions on following page****

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	<u>NSC 495 (C)</u>
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	<u>NSC 480 (C) and NSC 484 (C) and NSC 486 (C)</u>
Course Prefix and No.	~~or department approval.~~
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

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Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 495
Course Dropped (Part II)	*Course Title (30 characters)	Professional Role Transition
New Program (Part III)	*Program Title	
Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes****** ☐ **No** x		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

  *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To change prerequisites.

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
     (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
 (*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
NSC 495 Professional Role Transition. (2) I, II. ~~Prerequisite: senior standing in the major.~~ <u>Prerequisites: NSC 480, 484, and 486 with minimum grades of "C." Co-requisite: NSC 492 with a minimum grade of "C."</u> Role development seminar emphasizing refinement of oral presentation skills. Critical analysis of role theory, political, economic and socioethical systems which shape nursing practice. Analyzes strategies for instituting change in the health care delivery system.

- *Amended the NSC492 from pre req or co req to be just a Co-requisite in the CCC 9-5-07 meeting*

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NSC	**495**	**SPRING 2008**	AS ____ JS ____ BT ____ EM ____ ED ____ PC ____ HS **X**	**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ____
	Lecture ____	Laboratory ____	Other ____	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ____ JR ____ SO ____ SR ____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY** Date of data entry _____ Data entry person _____
		Thesis ____	
		Internship ____	
		Independent Study ____	
		Practicum	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	NSC 492 (C)
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	NSC 480 (C) and NSC 484 (C) and NSC 486 (C)
Course Prefix and No.	: ~~senior standing in the major.~~
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
___ New Course (Parts II, IV)	College	Health Sciences
x Course Revision (Parts II, IV)	*Course Prefix & Number	NSC 496
___ Course Dropped (Part II)	*Course Title (30 characters)	Application of Nursing Theory
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ☐ **No** ☒		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

  *If Applicable (Type NA if not applicable.)
  **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To revise prerequisites by adding NSC480, and 486 and dropping departmental approval

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To clarify to students requirements for registration and to achieve consistency among the catalog, BANNER, and program materials.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: None

Operating Expenses Impact: None

Equipment/Physical Facility Needs: None

Library Resources: None

Part II. Recording Data for New, Revised, or Dropped Course
    (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
NSC 496 Application of Nursing Theory. (2) I, II. ~~Prerequisite: 484, or department approval.~~ <u>Prerequisites: NSC 480, 484, and 486 with minimum grades of "C."</u> Facilitates synthesis of nursing knowledge and strengthens the student's ability to apply theory to specific patient situations. Patient case situations from all nursing clinical areas are utilized.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:		Dept. (4 letters)*
NSC	**496**	**SPRING 2008**	AS _____ JS _____ BT _____ EM _____ ED _____ PC _____ HS X		**NURB**

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. _____
	Lecture _____	Laboratory _____	Other _____	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____ SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
		Thesis _____	Date of data entry _____
		Internship _____	
		Independent Study _____	Data entry person _____
		Practicum _____	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only.   List combinations below. Use **"and"** and **"or"** literally.)   (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	<u>NSC 480 (C) and NSC 484 (C) and NSC 486 (C)</u>
Course Prefix and No.	~~or department approval.~~
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form

(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Baccalaureate & Graduate Nursing
_____ New Course (Parts II, IV)	College	Health Sciences
_____ Course Revision (Parts II, IV)	*Course Prefix & Number	
_____ Course Dropped (Part II)	*Course Title (30 characters)	
_____ New Program (Part III)	*Program Title	Nursing (B.S.N.) Second Degree Option
x Program Revision (Part III)		(Major ____, Option ____; Minor ____; or Certificate ____)
_____ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	04/20/2007	Graduate Council*	**NA**
Is this a SACS Substantive Change? **Yes**** [ ] **No** [x]		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved	**09/20/07**
General Education Committee*	**NA**	Faculty Senate**	**NA**
Teacher Education Committee*	**NA**	Board of Regents**	**NA**
		Council on Postsecondary Edu.***	**NA**

  *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To require support courses to be completed prior to starting the program.

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action: Due to intensity and fast pace of the program, students cannot schedule and complete support courses after beginning the program

C. The projected cost (or savings) of this proposal is as follows:
Personnel Impact: None
Operating Expenses Impact: None
Equipment/Physical Facility Needs: None
Library Resources: None

Part III. Recording Data for New, Revised, or Suspended Program

New or Revised* Program Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions.)

Plan for B.S.N. Second Degree Option

    The Department of Baccalaureate and Graduate Degree Nursing offers students who already hold a non-nursing bachelor's degree from a regionally accredited institution the opportunity to complete the Bachelor of Science in Nursing degree in an accelerated program of study. Second degree students should have completed course work in anatomy, physiology, and microbiology**, as well as the 6 hours of supporting course requirements** prior to admission to the nursing major~~.~~ Classes are admitted each fall semester.

NURSING (B.S.N.) Second Degree Option

Major Requirements………………………………………………………………………………..62 hours
NSC 232, 252, 330, 332, 350, 380, 386, 390, 392, 396, 480, 484, 486, 492, 495.
Supporting Course Requirements…………………………………………………………………6 hours
NFA 201, STA 215 or approved substitutions.
General Education Requirements…………………………………………………………………0 hours
All general education and University requirements are met with prior Bachelor's degree from a regionally accredited institution.
Total Curriculum Requirements…………………………………………………………………68 hours

Editorial Change - Curriculum Form
(Present only one curriculum editorial change per form)
(Complete only the section(s) applicable.)

Part I
INFORMATIONAL

Department Name	CLINICAL LABORATORY SCIENCE
College	COLLEGE OF HEALTH SCIENCE
*Course Prefix & Number	CLS and CLT (listed in Part II)
*Course Title (30 characters)	See Spreadsheet *(per prior approval from Sarah McCartt)*
*Program Title	
	(Major ___, Option ___; Minor ___; or Certificate ___)

*Provide only the information relevant to the proposal.

Viewed by CHS Curriculum Committee   Date: 9/5/07

Completion of A is required: (Please be specific, but concise.)

A. 1. Specific action requested: Change Instructor to Departmental for consistency with banner

A. 2. Effective date: Spring 2008

Part II. Recording Data for Revised Course

1. For a revised course, provide (a) the current catalog text and (b) the proposed text, reflecting the exact changes being proposed.

New or Revised* Catalog Text
(*Use strikeout for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

CLINICAL LABORATORY SCIENCE AND CLINICAL LABORATORY TECHNOLOGY

EDITORIALS

CLS 303 Clinical Laboratory Skills. (1) I, II. **Prerequisite**: CLS major or ~~instructor~~ **departmental** permission. Skills for clinical laboratory practitioners, including laboratory safety, phlebotomy, microscopy, pipetting, universal precautions, and principles of quality assurance.

CLS 305 Analysis of Body Fluids. (2) I. Prerequisite: enrollment in upper division plan or ~~instructor~~ **departmental** approval. Principles, procedures, and significance of analysis of urine, spinal fluid, and other fluids commonly examined in the clinical laboratory. 3 Lec/Lab.

CLS 308 Clinical Serology. (2) I. Prerequisite: pre-CLS or CLS major or ~~instructor~~ **departmental** approval. Principles, procedures, sources of error, and clinical application of serological tests, immune mechanisms, specimen collection; procedures include ASO, VDRL, RA, LE, IM, Rubella, Cold Agglutinins, fluorescent antibodies, and others. 4 Lec/Lab.

CLS 309 Clinical Immunology. (1) I, II. Prerequisite: pre-CLS, CLS major, or ~~instructor~~ **departmental** approval. Principles and techniques of antigen-antibody reactions of the human immune system and their relationship to the clinical laboratory.

CLS 310 Hematology and Coagulation. (5) I. Prerequisite: enrollment in upper division plan or ~~instructor~~ **departmental** approval. Morphology of blood, determination of blood parameters and dyscrasias; mechanisms and procedures in coagulation. 6 Lec/Lab.

CLS 320 Immunohematology. (3) II. Prerequisite: enrollment in upper division plan or ~~instructor~~ *departmental* approval. Blood banking, blood grouping, phenotyping, cell panels, compatibility testing, and transfusion practices. 2 Lec/2 Lab.

CLS 346 Clinical Chemistry. (5) II. Prerequisite: enrollment in upper division plan or ~~instructor~~ **departmental** approval. Introduction to theory and lab procedures, measurement of constituents of body fluids, instrumentation, and clinical interpretation of results in relation to biochemistry of human systems. 3 Lec/3 Lab

CLT 201 Urinalysis. (1) I, II. Prerequisite: admission to CLT program or ~~instructor~~ **departmental** approval. Corequisite: CLT 205 and CLT 206. Clinical lab procedures used in the analysis of urine and other body fluids. 4 Lec/Lab

CLT 204 Immunology/Blood Banking. (2) I. Prerequisite: admission to CLT program or ~~instructor~~ **departmental** approval. A study of the immune system, clinical serology, and blood banking and the lab techniques associated with each area. 4 Lec/Lab.

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Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
CLS	303	SPRING 2008	AS ____ JS ____ BT ____ EM ____ ED ____ PC ____ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ____
	Lecture ____	Laboratory ____	Other ____	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ____ JR ____ SO ____ SR ____
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY** Date of data entry ____
		Thesis ____	
		Internship ____	Data entry person ____
		Independent Study ____	
		Practicum ____	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only.   List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	~~instructor~~ departmental
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

curr:editorial.change.curriculum.form.wpd-01-02

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
CLS	305	SPRING 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____ SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
			Date of data entry _____
		Thesis _____	
		Internship _____	Data entry person _____
		Independent Study _____	
		Practicum	

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Co-Requisites and Prerequisites   ****See definitions on following page****

</div>

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	~~instructor~~ <u>departmental</u>
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
CLS	308	SPRING 2008	AS ____ JS ____ BT ____ EM ____ ED ____ PC ____ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.	Repeatable Maximum No. of Hrs. _____
	Lecture ____ Laboratory ____ Other ____	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____
			SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
		Thesis _____	Date of data entry _____
		Internship _____	
		Independent Study _____	Data entry person _____
		Practicum _____	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.)   (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	~~instructor~~ <u>departmental</u>
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
CLS	309	SPRING 2008	AS ____ JS ____ BT ____ EM ____ ED ____ PC ____ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ____
	Lecture ____	Laboratory ____	Other ____	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____ SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
		Thesis ____	Date of data entry _____
		Internship ____	
		Independent Study ____	Data entry person _____
		Practicum ____	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.)   (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	~~instructor~~ departmental
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
CLS	310	SPRING 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
		Thesis ___	Date of data entry _____
		Internship ___	
		Independent Study ___	Data entry person _____
		Practicum ___	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.)   (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	~~instructor~~ departmental
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
CLS	320	SPRING 2008	AS ____ JS ____ BT ____ EM ____ ED ____ PC ____ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ____
	Lecture ____	Laboratory ____	Other ____	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____ SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
			Date of data entry _____
		Thesis _____	
		Internship _____	
		Independent Study _____	Data entry person _____
		Practicum _____	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	~~instructor~~ <u>departmental</u>
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
CLS	346	SPRING 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.	Repeatable Maximum No. of Hrs. ____
	Lecture ___ Laboratory ___ Other ___	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY** Date of data entry _____
		Thesis ___	
		Internship ___	
		Independent Study ___	Data entry person _____
		Practicum	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	~~instructor~~ departmental
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
CLT	201	SPRING 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.	Repeatable Maximum No. of Hrs. ___
	Lecture ___ Laboratory ___ Other ___	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___
			SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
		Thesis ___	Date of data entry _____
		Internship ___	
		Independent Study ___	Data entry person _____
		Practicum ___	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	~~instructor~~ departmental
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
CLT	204	SPRING 2008	AS ____ JS ____ BT ____ EM ____ ED ____ PC ____ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.	Repeatable Maximum No. of Hrs. _____
	Lecture ____ Laboratory ____ Other ____	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____ SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
		Thesis _____	Date of data entry _____
		Internship _____	
		Independent Study _____	Data entry person _____
		Practicum _____	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	~~instructor~~ departmental
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Editorial Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	CLINCAL LABORATORY SCIENCE
New Course (Parts II, IV)	College	COLLEGE OF HEALTH SCIENCES
X Course Revision (Parts II, IV)	*Course Prefix & Number	CLT 208
Course Dropped (Part II)	*Course Title (30 characters)	Clinical Techniques
New Program (Part III)	*Program Title	
Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	9/4/07	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ☐ **No** X		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ____	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

   *If Applicable (Type NA if not applicable.)
  **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: Drop Instructor approval and add departmental, add CHE115 lab to the CHE111

A. 2. Effective date: SPRING 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action: Revise prerequisite by drop Instructor approval and departmental approval, add CHE115 lab to the CHE111

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
   (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.) **CLT 208 Clinical Techniques. (1) I, II**. Prerequisite: admission to CLT program or ~~**instructor**~~ **departmental** approval. Prerequisite or Corequisite: CHE 111**/115**. Introduction to the laboratory including laboratory techniques, laboratory mathematics, safety, venipuncture, and spectrophotometry.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
CLT	208	SPRING 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___
			SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY** Date of data entry _____
		Thesis ___	
		Internship ___	Data entry person _____
		Independent Study ___	
		Practicum ___	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.)   (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	~~instructor~~ **departmental** approval
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	CHE 111**/115**
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	ENVIRONMENTAL HEALTH SCIENCE
New Course (Parts II, IV)	College	COLLEGE OF HEALTH SCIENCES
X Course Revision (Parts II, IV)	*Course Prefix & Number	**EHS 225**
Course Dropped (Part II)	*Course Title (30 characters)	**African/African-American Health Issues**
New Program (Part III)	*Program Title	
Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	**9/4/07**	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****☐** **No** X		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved _____	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

   *If Applicable (Type NA if not applicable.)
  **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: REVISE COURSE DESCRIPTION AND CROSS LIST WITH AFA225

A. 2. Effective date: SPRING 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action: AFA225, WAS CREATED AND CROSSLINKED TO EHS225 – REVISING DESCRIPTION OF EHS225 AND ADDING – CROSS LISTED TO AFA225

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
    (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
EHS 225 African/African-American Health Issues. (3) I. <u>Cross listed as AFA225</u>. Provides the student with an understanding of the medical and public health issues relevant to the maintenance of health conditions both in the United States and Africa. **<u>Credit will not be awarded to students who have credit for AFA225.</u>**

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
EHS	225	SPRING 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.	Repeatable Maximum No. of Hrs. ____
	Lecture ___ Laboratory ___ Other ___	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___
			SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
		Thesis ___	Date of data entry _____
		Internship ___	
		Independent Study ___	Data entry person _____
		Practicum ___	

Co-Requisites and Prerequisites   **See definitions on following page**

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	**Credit will not be awarded to students who have credit for AFA225.**
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Environmental Health Science & Clinical Laboratory Science
___ New Course (Parts II, IV)	College	Health Sciences
X Course Revision (Parts II, IV)	*Course Prefix & Number	EHS285
___ Course Dropped (Part II)	*Course Title (30 characters)	EHS Professional Standards
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	**9/4/07**	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ☐ **No** X		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

*If Applicable (Type NA if not applicable.)
**Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested:

Add EHS 335 as a corequisite to EHS285

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students:

B. The justification for this action: Linking EHS285 with EHS335 will ensure personal and professional tools are taught to the students in the beginning of the program to help them succeed as environmental health professionals.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
(For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

EHS 285 EHS Professional Standards. (1) A. <u>Co-Requisite: EHS 335.</u> Provides the student with the personal and professional tools to succeed as an environmental health professional. Information related to required professional certifications, ethical demands, and professional standards and practices will be provided.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
EHS	285	Spring 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____ SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
		Thesis _____	Date of data entry _____
		Internship _____	
		Independent Study _____	Data entry person _____
		Practicum _____	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	EHS 335
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Environmental Health Science & Clinical Laboratory Science
New Course (Parts II, IV)	College	Health Sciences
X Course Revision (Parts II, IV)	*Course Prefix & Number	EHS 335
Course Dropped (Part II)	*Course Title (30 characters)	Hazardous and Solid Waste Management
New Program (Part III)	*Program Title	
Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	**9/4/07**	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** [ ] **No** X		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

  *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested:

Add EHS285 as a corequisite to EHS335

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students:

B. The justification for this action:

Linking EHS285 with EHS335 will ensure personal and professional tools are taught to the students in the beginning of the program to help them succeed as environmental health professionals.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
     (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
EHS 335 Hazardous and Solid Waste Management. (3) II. Prerequisites: CHE 111, 115 and EHS 280; or departmental approval. <u>**Corequisite: EHS 285**</u>. Nature of toxic and hazardous wastes and methods for their disposal to protect health and the environment and to prevent contamination of groundwater. The environmental health and safety aspects of solid waste collection, treatment and disposal, and regulations governing waste management are also covered.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
EHS	335	Spring 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
		Thesis ___	Date of data entry ___
		Internship ___	
		Independent Study ___	Data entry person ___
		Practicum ___	

<div align="center">

Co-Requisites and Prerequisites   **See definitions on following page**
</div>

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	EHS 285
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D⁻.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Environmental Health Science & Clinical Laboratory Science
___ New Course (Parts II, IV)	College	Health Sciences
X Course Revision (Parts II, IV)	*Course Prefix & Number	EHS 460
___ Course Dropped (Part II)	*Course Title (30 characters)	Housing and Institutional Environments
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	**9/4/07**	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ___ **No** X		Council on Academic Affairs	
College Curriculum Committee	**9/05/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

   *If Applicable (Type NA if not applicable.)
  **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: Add EHS 485 as a co-requisite to EHS460

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students:

B. The justification for this action: Linking EHS460 with EHS485 will help students take the EHS Professional Practice Seminar at the appropriate timing and have the knowledge needed to complete this course.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
    (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
EHS 460 Housing and Institutional Environments. (3) A. Prerequisite: EHS 280 or departmental approval. <u>**Corequisite: EHS 485**</u>. Discusses the requirements for healthful housing means of attaining and maintaining these requirements. Reviews environmental health concerns relating to day-care centers, schools, hospitals, nursing homes, and prisons. Describes surveillance, evaluative, and corrective methods.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
EHS	460	Spring 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____
			SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
		Thesis _____	Date of data entry _____
		Internship _____	
		Independent Study _____	Data entry person _____
		Practicum _____	

<u>**Co-Requisites and Prerequisites**</u>   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	EHS 485
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Environmental Health Science & Clinical Laboratory Science
_____ New Course (Parts II, IV)	College	Health Sciences
X Course Revision (Parts II, IV)	*Course Prefix & Number	EHS 485
_____ Course Dropped (Part II)	*Course Title (30 characters)	EHS Professional Practice Seminar
_____ New Program (Part III)	*Program Title	
_____ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
_____ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	**9/4/07**	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ☐ **No** X		Council on Academic Affairs	
College Curriculum Committee	9/5/07	Approved **X** Disapproved	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

  *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested:

Add EHS460 as a co-requisite for EHS485.

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students:

B. The justification for this action: Linking EHS460 with EHS485 will help students take the EHS Professional Practice Seminar at the appropriate timing and have the knowledge needed to complete this course.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
     (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
EHS 485 EHS Professional Practice Seminar. (1) A. Prerequisite: 90 hours. **<u>Corequisite: EHS 460</u>**. Provides the graduating student a certification and licensure review for their required state and national exams. The student will also be taught how to develop professional success strategies and long range career plans.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
EHS	485	Spring 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	EHCL

Credit Hrs.	Weekly Contact Hrs.	Repeatable Maximum No. of Hrs. ___
	Lecture ___ Laboratory ___ Other ___	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___

		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY** Date of data entry ___ Data entry person ___
		Thesis ___	
		Internship ___	
		Independent Study ___	
		Practicum ___	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	EHS 460
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ̅.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Editorial Change - Curriculum Form
(Present only one curriculum editorial change per form)
(Complete only the section(s) applicable.)

Part I
INFORMATIONAL

Department Name	**FAMILY AND CONSUMER SCIENCE**
College	COLLEGE OF HEALTH SCIENCE
*Course Prefix & Number	FRM and NFA
*Course Title (30 characters)	See Spreadsheet inserted below *(per prior approval from Sarah McCartt)*
*Program Title	
	(Major ___, Option ___; Minor ___; or Certificate ___)

*Provide only the information relevant to the proposal.

Viewed by CHS Curriculum Committee   Date: 9/5/07

Completion of A is required: (Please be specific, but concise.)

A. 1. Specific action requested: Change Instructor to Departmental for consistency with banner
A. 2. Effective date: Spring 2008

Part II. Recording Data for Revised Course

For a revised course, provide (a) the current catalog text and (b) the proposed text, reflecting the exact changes being proposed.

New or Revised* Catalog Text
(*Use ~~strikeout~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

EDITORIALS

FRM 456 Special Problems in Family Economics and Management. (1-3) A. Prerequisite: ~~instructor~~ departmental approval. The student chooses a problem and works under the supervision of the instructor. Student must have the independent study proposal form approved by faculty supervisor and department chair prior to enrollment. May be retaken to a maximum of six hours provided topics vary.

NFA 344 Institutional Purchasing. (3) II. Prerequisites: NFA 325 and 326 or ~~consent of~~ **departmental** **approval** ~~instructor.~~ Principles and methods of purchasing foods and equipment for various types of quantity food services; emphasis on specifications and factors affecting quality; food cost control. Field trips included.

NFA 415 Seminar in the Dietetics Profession. (1-3) A. Prerequisites: NFA 401 and ~~instructor~~ **departmental** approval. Current concepts and trends in dietetics and review of recent research. Topics include, but are not limited to, professional ethics, marketing, quality assurance and preparing for a dietetic internship.

NFA 416 Special Problems in Nutrition. (1-3) A. Prerequisites: NFA 401 and ~~instructor~~ departmental approval. The student chooses a problem and works under the supervision of an instructor. May be retaken to a maximum of six hours provided the topics vary. Student must have the independent study proposal form approved by faculty supervisor and department chair prior to enrollment.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
FRM	456	SPRING 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS **X**	FCSC

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. _____
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) 19

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____
			SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	
			FOR BANNER USE ONLY
		Thesis _____	
		Internship _____	Date of data entry _____
		Independent Study _____	
		Practicum _____	Data entry person _____

Co-Requisites and Prerequisites   **See definitions on following page**

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	~~instructor~~ **departmental** approval
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NFA	344	SPRING 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	FCSC

Credit Hrs.	Weekly Contact Hrs.	Repeatable Maximum No. of Hrs. ___
	Lecture ___ Laboratory ___ Other ___	Cip Code (first two digits only) 19

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
			Date of data entry _____
		Thesis ___	
		Internship ___	
		Independent Study ___	Data entry person _____
		Practicum ___	

Co-Requisites and Prerequisites   **See definitions on following page**

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	NFA 325 and 326 or ~~consent of~~ **departmental approval** ~~instructor.~~
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NFA	415	SPRING 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	FCSC

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) 19

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
			Date of data entry ___
		Thesis ___	
		Internship ___	
		Independent Study ___	Data entry person ___
		Practicum ___	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	~~instructor~~ departmental
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NFA	416	SPRING 2008	AS ____ JS ____ BT ____ EM ____ ED ____ PC ____ HS X	FCSC

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. _____
	Lecture ____	Laboratory ____	Other ____	Cip Code (first two digits only) 19

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____
			SO _____ SR _____

		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
		Thesis _____	Date of data entry _____
		Internship _____	
		Independent Study _____	Data entry person _____
		Practicum _____	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	~~instructor~~ departmental
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Family and Consumer Science
_____ New Course (Parts II, IV)	College	COLLEGE OF HEALTH SCIENCES
X Course Revision (Parts II, IV)	*Course Prefix & Number	**NFA 301**
_____ Course Dropped (Part II)	*Course Title (30 characters)	**Bio Nutrition**
_____ New Program (Part III)	*Program Title	
_____ Program Revision (Part III)		(Major ____, Option ____; Minor ____; or Certificate ____)
_____ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	9/4/07	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ☐ **No** ☒		Council on Academic Affairs	
College Curriculum Committee	9/5/07	Approved **X** Disapproved	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

 *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: ADD CHE116 TO CHE 112

A. 2. Effective date: SPRING 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action: CHE116 IS LINKED TO CHE112, IT NEEDS TO BE ADDED TO PREREQUISITE DESCRIPTION

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
     (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
 (*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
NFA 301 Bio Nutrition. (3) A. Prerequisites: CHE 102 or 112/**116**; and NFA 201. Structures and chemical properties of CHO, PRO, fat and nucleic acids, vitamins, coenzymes, minerals, and water related to metabolic processes.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
NFA	301	SPRING 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	FCSC

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs.
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) 19

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___ SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
			Date of data entry _____
		Thesis ___	
		Internship ___	Data entry person _____
		Independent Study ___	
		Practicum ___	

Co-Requisites and Prerequisites   **See definitions on following page**

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	CHE 102 or 112/**116**; and NFA 201
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	HEALTH PROMOTION AND ADMINISTRATION
___ New Course (Parts II, IV)	College	COLLEGE OF HEALTH SCIENCES
X Course Revision (Parts II, IV)	*Course Prefix & Number	HEA 450
___ Course Dropped (Part II)	*Course Title (30 characters)	Interpretation of Health Data
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	9/4/07	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ☐ **No** X		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved _____	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

 *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: Drop ECO824 and CRJ400 as crosslinked to HEA450

A. 2. Effective date: SPRING 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action: Drop ECO824 as crosslinked to HEA450, it has been overlooked for quite some time and is not in the catalog. CRJ400 is no longer crosslinked from HEA450 so it needs to be removed

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
      (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

HEA 450 Interpretation of Health Data. (3) I. Understanding graphical, statistical, and research techniques used in health. Developing competencies in analyzing and interpreting research results. **Credit will not be awarded to students who have credit for ~~CRJ 400 or~~ ECO 220 or ~~ECO 824 or~~ EPY 842 or PSY 291 or QMB 200 or STA 208 or STA 215 or STA 270.**

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
HEA	450	SPRING 2008	AS ____ JS ____ BT ____ EM ____ ED ____ PC ____ HS X	HPAD

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. _____
	Lecture ____	Laboratory ____	Other ____	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____ SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
		Thesis ____	Date of data entry _____
		Internship ____	
		Independent Study ____	Data entry person _____
		Practicum ____	

<div style="background:black;color:white;text-align:center">

Co-Requisites and Prerequisites   ****See definitions on following page****

</div>

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit not allowed with; or formerly:)

Course Prefix and No.	**Credit will not be awarded to students who have credit for ~~CRJ 400 or~~ ECO 220 or ~~ECO 824 or~~ EPY 842 or PSY 291 or QMB 200 or STA 208 or STA 215 or STA 270.**
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	HEALTH PROMOTION AND ADMINISTRATION
___ New Course (Parts II, IV)	College	COLLEGE OF HEALTH SCIENCES
X Course Revision (Parts II, IV)	*Course Prefix & Number	HEA 458
___ Course Dropped (Part II)	*Course Title (30 characters)	AIDS and the Social Response
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	9/4/07	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ☐ **No** ☒		Council on Academic Affairs	
College Curriculum Committee	9/5/07	Approved **X** Disapproved ____	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

   *If Applicable (Type NA if not applicable.)
  **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: REVISE PREREQUISITE BY DROPPING INSTRUCTOR APPROVAL AND ADD DEPARTMENTAL

A. 2. Effective date: SPRING 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action: REVISE PREREQUISITE BY DROPPING INSTRUCTOR APPROVAL AND ADD DEPARTMENTAL FOR BANNER PURPOSES

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
    (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

HEA 458 AIDS and the Social Response.(2) A. Cross listed as SWK 458. Prerequisites: SOC 131, PSY 200, and junior standing or ~~instructor's~~ <u>departmental</u> approval. Psychosocial aspects of HIV infection. Exploration of methods of responding to and serving people with HIV. Development of population specific prevention strategies. Credit will not be awarded to students who have credit for CHS 342 or SWK 458.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
HEA	458	SPRING 2008	AS ____ JS ____ BT ____ EM ____ ED ____ PC ____ HS X	HPAD

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. _____
	Lecture _____	Laboratory _____	Other _____	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____ SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
			Date of data entry _____
		Thesis _____	
		Internship _____	
		Independent Study _____	Data entry person _____
		Practicum	

<center>**Co-Requisites and Prerequisites**   **See definitions on following page****</center>

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	~~instructor~~ **departmental** approval
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Health Promotion and Administration
New Course (Parts II, IV)	College	Health Sciences
XX Course Revision (Parts II, IV)	*Course Prefix & Number	HEA 580
Course Dropped (Part II)	*Course Title (30 characters)	
New Program (Part III)	*Program Title	
Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	08-22-07	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** **No** x		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	**09/2007**	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

*If Applicable (Type NA if not applicable.)
**Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: Change course number for HEA 580 to HEA 490

A. 2. Effective date: Summer 2008

A. 3. Effective date of suspended programs for currently enrolled students:

B. The justification for this action: This course was previously a 500/700 split level course. A new graduate level course has been approved and the 700 level course has been dropped. Moving the course to a 400 level will allow more focused instruction in the subject for the undergraduate students in the degree program.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
   (For a **new required course,** complete a separate request for the appropriate program revisions.)

1.   For a new course, provide the catalog text.
2.   For a revised course, provide the current catalog text with the proposed text using ~~strikethrough~~ for deletions and underlines for additions.
3.   For a dropped course, provide the current catalog text.

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

HEA ~~580~~ 490 Evaluation of Health Promotion Programs. (3) I, II. This course will provide an introduction to principles, strategies, and skills for the evaluation of health promotion programs in a variety of settings.

curr:editorial.change.curriculum.form.wpd-01-02

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:		Dept. (4 letters)*
HEA	~~580~~ 490	SUMMER 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X		HPAD

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____ SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
			Date of data entry _____
		Thesis _____	
		Internship _____	
		Independent Study _____	Data entry person _____
		Practicum _____	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s):   (List prerequisites only.   List combinations below. Use **"and"** and **"or"** literally.)   (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ̄.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

College of Health Sciences
Department of Health Promotion and Administration
HEA 490 Evaluation of Health Promotion Programs CRN

Spring 200

COURSE: Hea 490; 3 hrs. credit
INSTRUCTOR: Derek Holcomb, Ph.D.; Office, 423 Begley;   Phone, 622-1684   e-mail, derek.holcomb@eku.edu

OVERVIEW: There are commonalities found among the many different strategies for conducting evaluation activities in health promotion including: identifying appropriate questions to be answered; developing a plan to answer these questions; gathering appropriate data according to that plan; examining these data for their meaning; interpreting that meaning in direct relationship to the question posed initially; and, reporting the results in a fashion that maximizes the utilization of results. Emphasis will be placed on formulating evaluation activities that represent a compromise between the ideal and the reality of working in environments that cannot be controlled. Therefore, research design will be described as a compromise between what is desirable and what is realistic in any given research situation.

DESCRIPTION: This course will provide an introduction to principles, strategies, and skills for the evaluation of health promotion programs in a variety of settings.

OBJECTIVES: Upon completion of the class, you will be able to:

1.   Describe the purpose of evaluation.
2.   Distinguish among the types of evaluation (e.g., impact, outcome)..
3.   Analyze how to determine one=s evaluation needs.
4.   Identify the steps taken to assure protection of human subject=s rights.
5.   Define needs assessment/strategic planning.
6.   Identify different models of needs assessment/strategic planning.
7.   Identify existing data bases or sources that could be used for needs assessment and strategic planning activities.
8.   Describe the four levels of measurement.
9.   Compare and contrast the different forms of reliability.
10.   Compare and contrast the different forms of validity.
11.   Describe ways to enhance the reliability and validity of instruments.
12.   Identify commonly used methods of measuring knowledge, attitudes and behavior.
13.   Develop operational objectives relevant to a proposed health promotion program.
14.   Develop data collection instrument for use in a health promotion evaluation pilot study.
15.   List the properties of quantitative evaluation.
16.   List the properties of qualitative evaluation.
17.   Identify the purposes of pilot-testing
18.   Identify the levels of pilot-testing.
19.   Conduct data collection and analysis procedures as part of a pilot study.
20.   Explain the role of sampling in research and evaluation studies.
21.   Distinguish between probability and non-probability sampling.
22.   Compare the strengths and weaknesses of employing selected data collection strategies in a program evaluation.
23.   Identify the elements of content and style that are part of an evaluation report.
24.   List several ways to present evaluation results (e.g., charts, tables, text).
25.   Prepare an evaluation report.

REQUIRED TEXT:

McDermott, R.J. & Sarvela, P.D. (March 15, 2001) Health Education Evaluation & Measurement with PowerWeb: Health & Human Performance. McGraw-Hill Higher Education; ISBN: 0072505206; 2nd edition.

GRADING WILL BE DETERMINED BY:
             Class participation
             Completion and submission of written activities.
             Completion of 2 tests.
             In-class exercises.
             Completion of a pilot study project.

         REQUIREMENTS   Tests   25%

Written Activities	15%	In-Class Exercises	20%
Participation	10%	Pilot Study Evaluation Report	30%

In Class Activities: Students are expected to be in class to receive credit for in class activities.

GRADING SCALE:

A	89.55-100%	B	79.5-89.4%	C	69.5-79.4%	D	59.5-69.4%
F	0-59.4%						

ATTENDANCE: Attendance is required. University policy regarding absences will be upheld. Absences exceeding 20% of scheduled class time will result in a grade of AF@ being issued. Determination regarding the status of an absence will be at the discretion of the instructor.

UNIVERSITY POLICY REGARDING PERSONS WITH DISABILITIES NOTE: If you are registered with the Office of Services for Individuals with Disabilities, please make an appointment with the course instructor to discuss any academic accommodations you need. If you need academic accommodations and are not registered with the Office of Services for Individuals with Disabilities, please contact the office on the third floor of the Student Services Building, by email at disabilities@eku.edu <mailto:disabilities@eku.edu>

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Health Promotion and Administration
___ New Course (Parts II, IV)	College	Health Sciences
XX Course Revision (Parts II, IV)	*Course Prefix & Number	HEA 598
___ Course Dropped (Part II)	*Course Title (30 characters)	
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	08-22-07	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ☐ **No** x		Council on Academic Affairs	
College Curriculum Committee	9/5/07	Approved **X** Disapproved	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

*If Applicable (Type NA if not applicable.)
**Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: Change course number for HEA 598 to HEA 480

A. 2. Effective date: Summer 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action: This course was previously a 500/700 split level course. A new graduate level course has been approved and the 700 level course has been dropped. Moving the course to a 400 level will allow more focused instruction in the subject for the undergraduate students in the degree program.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
(For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

HEA ~~598~~ <u>480</u> Health Promotion Program Planning. (3) I. An introduction to principles, strategies, and skills which are necessary for the planning and implementation of health education and health promotion programs in a diversity of settings.

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
HEA	~~598~~ 480	SUMMER 2008	AS ____ JS ____ BT ____ EM ____ ED ____ PC ____ HS X	HPAD

Credit Hrs.	Weekly Contact Hrs.	Repeatable Maximum No. of Hrs. ____
	Lecture ____ Laboratory ____ Other ____	Cip Code (first two digits only) 51

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ____ JR ____ SO ____ SR ____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
			Date of data entry ____
		Thesis	
		Internship ____	
		Independent Study ____	Data entry person ____
		Practicum	

Co-Requisites and Prerequisites   ****See definitions on following page****

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

COURSE: HEA 480 Health Promotion and Program Planning (3 credit hours)

CRN   Fall 200, Tuesday 3:00-5:45 PM, Begley 422

INSTRUCTOR: Michelyn W. Bhandari, DrPH, MPH, CPP   **OFFICE:** Begley 424

OFFICE HOURS: Monday 2-5 PM, Wednesday 1-3 PM, or by appointment

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COURSE DESCRIPTION: An introduction to principles, strategies, and skills, which are necessary for the planning and implementation of health education and health promotion programs in a diversity of settings.

REQUIRED TEXTS:

McKenzie, J. F., Neiger, B. L., and Smeltzer, J. L. *Planning, Implementing, & Evaluating Health Promotion Programs: A Primer (4th Edition)*. (2005). San Francisco: Benjamin Cummings.

Zaza, S., Briss, P.A. & Harris, K.W. (eds) (2005). Guide to Community Preventive Services: What works to promote health. New York, NY: Oxford Press. Available at: http://www.thecommunityguide.org/. As this is available on the web, it is not necessary to purchase the text.

COURSE OBJECTIVES:

Upon completion of the course, the student will be able to:
1. Describe historical factors which have influenced changes in the community and work site settings which have lead to the increased development of health promotion programs.
2. Explain the rationale and key components of selected health behavior theories and models.
3. Analyze health behavior within the constructs of selected health behavior theories and models.
4. Compare the relationship between health education and health promotion.
5. Develop a philosophy of health, health education, and health promotion.
6. Compare goals, objectives, methods, and impact of selected health promotion programs.
7. Develop operational objectives relevant to a proposed health promotion program.
8. Critique selected health risk appraisal instruments.
9. Describe the process involved in the planning, development, implementation and evaluation of a health promotion program.
10. Evaluate a health promotion program.
11. Develop a health promotion proposal which can be applied in a selected setting.

EVALUATION METHODS:
1. Ability to describe historical factors which have influenced changes in the community and work site settings which have lead to the increased development of health promotion programs will be evaluated through class discussion and on exam 1.
2. Ability to explain the rationale and key components of selected health behavior theories and models will be evaluated through class discussion, in class exercises and exams 1 and 2.
3. Ability to analyze health behavior within the constructs of selected health behavior theories and models will be evaluated through class discussion, exams, needs assessment and program plan.
4. Ability to compare the relationship between health education and health promotion will be evaluated through class discussion.
5. Ability to develop a philosophy of health, health education, and health promotion will be evaluated through class discussion.
6. Ability to compare goals, objectives, methods, and impact of selected health promotion programs will be evaluated through in class exercises and on exams 1 and 2.
7. Ability to develop operational objectives relevant to a proposed health promotion program will be evaluated through exams and health program plan.
8. Ability to critique selected health risk appraisal instruments will be evaluated through in class exercises and discussion and on exam 1.
9. Ability to describe the process involved in the planning, development, implementation and evaluation of a health promotion program will be evaluated through in class exercises, exam 2, and health program plan and evaluation plan.
10. Ability to evaluate a health promotion program will be evaluated through in class exercises, exam 2, and evaluation plan (for graduate students).
11. Ability to develop a health promotion proposal which can be applied in a selected setting will be evaluated through completion of the health program plan.

COURSE REQUIREMENTS:
1. All students will be expected to attend class, to participate in class discussions, and to complete in-class exercises (to be distributed under separate cover). Students are expected to be in class to receive credit for in class activities.
2. All students will complete two examinations—a midterm and final exam.
3. All students will identify a health education, health promotion and/or disease prevention problem/issue, conduct a thorough needs assessment of the problem/issue, and present a brief yet *professional* overview of their problem/issue, the population, and highlight

of the needs assessment in class. The instructor will provide a range of topics from which students may choose. Further instruction to be distributed under separate cover.
4. All students will complete a health program plan focusing on the specific population and problem/situation identified in their needs assessment. The health program plan will be in the form of a grant proposal. Further instruction to be distributed under separate cover.

EVALUATION METHODS & GRADING SCALE:

Requirement	Points	Grading Scale	
In-class exercises	50	90-100%	A
Exams (2)	200	80-89.9%	B
Needs Assessment & Presentation	100	70-79.9%	C
Program Plan	100	60-69.9%	D
Program Evaluation	N/A	< 60%	F
Presentation of Plan & Evaluation	N/A		
Total Points	450		

**Scored assignments will serve as notification of grade standing and will be made available to students prior to the last day to drop the course with a "W" which is October 26, 2007.

CLASS ATTENDANCE POLICY:
1. Regular class attendance is expected of all students.
2. Class attendance will be recorded at the beginning of each scheduled class meeting. When a student is late in getting to class or after attendance has been recorded, the student is responsible, immediately after class, to see that the absence is removed from the record.
3. A student missing twenty percent or more of the hours the class meets shall be assigned an "F" grade. Twenty percent of absences for the class is interpreted as six hours (6). This policy may be waived by the instructor, but only when at least half the absences are due to participation in approved University activities or legitimate medical excuses.
4. At the discretion of the instructor, any time away from class in excess of the number hours credit allotted to the course may negatively influence the student's grade.
5. In the event of an unavoidable absence, the student should meet the instructor's terms for "make-up" procedures, but the responsibility for initiating make-up work rests with the student.
6. Each faculty member is to notify, in writing, all class members of the attendance policy. This is to be done on one of the first days of the semester.
7. Attendance regulations shall begin with the first scheduled meeting of the class regardless of when the student enrolls.

DISABILITY STATEMENT:
If you are registered with the Office of Services for Individuals with Disabilities, please make an appointment with the course instructor to discuss any academic accommodations you need. If you need academic accommodations and are not registered with the Office of Services for Individuals with Disabilities, please contact the Office on the third floor of the Student Services Building, by email at disserv@eku.edu or by telephone at (859) 622-2933 V/TDD. Upon individual request, this syllabus can be made available in alternative forms.

ACADEMIC HONESTY:

Students are advised that EKU's Academic Integrity Policy will strictly be enforced in this course. The Academic Integrity policy is available at www.academicintegrity.eku.edu . Questions regarding the policy may be directed to the Office of Academic Integrity.

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Health Promotion and Administration
___ New Course (Parts II, IV)	College	Health Sciences
___ Course Revision (Parts II, IV)	*Course Prefix & Number	
___ Course Dropped (Part II)	*Course Title (30 characters)	
___ New Program (Part III)	*Program Title	Minor in community Health Education (Non-Teaching)
XX Program Revision (Part III)		(Major ___ , Option ___ ; Minor XX ; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	08-22-07	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ☐ **No** X		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

  *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: Change course numbers in the Community Health Education Minor. Delete HEA 580 and HEA 598 and Add HEA 480 and HEA 490 to minor requirements.

A. 2. Effective date: Summer 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action: Changes in course numbers due to division of 500/700 level courses.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part III. **Recording Data for New, Revised, or Suspended Program**

New or Revised* Program Text
(*Use ~~strikethrough~~ for deletions and underlines for additions.)

Minor in Community Health Education (Non-Teaching)

Minor Requirements……………………………………………………………………………. 27hrs

HEA 290, 315, 360, 416, 450, 455, ~~580~~, ~~598~~, 480, 490 and three hours from HEA 345, 375 or 592, 380, 591, 593,.

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Health Promotion & Administration
___ New Course (Parts II, IV)	College	Health Sciences
___ Course Revision (Parts II, IV)	*Course Prefix & Number	
___ Course Dropped (Part II)	*Course Title (30 characters)	
___ New Program (Part III)	*Program Title	Health Education
XX Program Revision (Part III)		(Major _XX_, Option _XX_; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	08-22-07	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ___ **No** X		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	**09/25/2007**	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

   *If Applicable (Type NA if not applicable.)
  **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: Change course numbers For HEA 580 to HEA 490 and HEA 598 to HEA 480 to reflect the drop in the 500/700 split courses.

A. 2. Effective date: Summer 2008

A. 3. Effective date of suspended programs for currently enrolled students: NA

B. The justification for this action: We are dropping several of the 700 level courses from our curriculum. We would like seniors to take these courses at the 400 level. These changes will allow more concentrated instruction in the undergraduate degree.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part III. **Recording Data for New, Revised, or Suspended Program**

HEALTH PROMOTION AND ADMINISTRATION

HEALTH EDUCATION (B.S.)
CIP Code: 51.1504
Major Requirements………………………………………..……………………39-49 hours

Health Core……………………………………………………….………...33hours
HEA 202, 203, <u>285,</u> 290, 315, 345, 375 or 592; 380, 450, 455, **~~580, 598,~~ <u>480, 490</u>**.

Majors must select an option in Community Health, School Health, P-12 (Teaching) or Wellness:
Community Health .... 16 hours
HEA 360, 416, 420, 463*; select three hours from HEA 498, 590, 591, 593, 595, 599, or SOC 353.

School Health, P-12 (Teaching) ....6 hours
EME 586 and three hours from HEA 390, 391, 498, 590, 593, 595, or 599.

Wellness .... 15 hours
HEA 360, 463; PHE 325, 433.

Supporting Course Requirements ....12-44 hours
All Options ....12 hours
BIO 171, 301, NFA 201, and CIS 212 or CSC 104.

School Health, P-12 (Teaching) .... 1 hour
BIO 378.

Wellness .... 15 hours
PHE 312, 315, 320; REC 411, 460.

Professional Education Requirements School Health Option .... 31 hours
EDF 103, 203, 319, 413, EMS 499, ESE 490, 587, and SED 401.

General Education Requirements .... 36 hours
Standard General Education program, excluding course blocks VI, VII (QS),~~-~~and VIII (6 hours).
Refer to Section Four of this Catalog for details on the General Education and University Requirements.

University Requirement .... 1 hour
HSO 100.

Free Electives ....<u>8-30</u> ~~2-19~~ hours

Community Health ....<u>30</u> ~~18~~ hours
(13 of these elective hours are restricted to course work outside of the major and the option.)
School Health, P-12 (Teaching) ....<u>8</u> ~~2~~ hours
Wellness ....<u>13</u> ~~19~~ hours

(All hours restricted to course work outside of the major and the option.)
Total Curriculum Requirements .... 128 hours

*Bachelor of Science degree students in the Community Health and Wellness Options are required to document a minimum of 100 hours of health education/wellness related experiences prior to enrolling in HEA 463, Internship in Health Promotion and Administration.   **In Catalog 2007-2008**

(Corrections have been made to 2007-2008 catalog)
Note: New catalog was corrected by someone to reflect the BIO171 & BIO301 used in the BLK VIII area changing the general education requirements to 36 from Curriculum Revision total of 39, however they also changed the free electives needed in each option to reflect incorrect figures - they are corrected above with strike thrus and underlines.

Notes: Curriculum Changes
CAA: Informational Item on 5/17/07 - Eff. Spring 2008 Dropped "or HEA 594" from Core - there were no total changes on this paperwork however at this time BIO171 & BIO301 were not caught as courses being used for BLK VIII(Depth).

HEALTH EDUCATION - OPTIONS IN COMM. HLTH, SCHOOL HLTH P-12 AND WELLNESS

BACHELOR GENERAL ED. REQ. CORE

BLK I- Com.		
IA	Writ Com.	3
IB	Writ Com.	3
IC	Oral Com.	3
BLK II - Mathematics		3
BLK III Arts and Hum		
IIIA	Arts	3
IIIB	Humanities	3
IIIA/B	Int A&S (6 hrs.)	
BLK IV Natural Sciences		
IVA	Bio Lab. Science	3
IVB	Phys. Sc. Lab.	3
BLK V - SBS		
VA	History	3
VB	SBS	3
VC	Hist. or SBS	3
Total of CORE		33
VI. Wellness		w/c
BLKVII Brdth of knw.		3
VII(ah)	A&H	
VII(ns)	Nat Sc	
VII(qs)	Quant.	w/c
VII(sbs)	SBS	
VIII Depth of Know.		w/c
		36

Support - All Opt

BIO171* BLKVII(ns)		3
BIO301* BLKVII(ns)		3
CSC104 * BLKVII(qs)or		3
CIS212 * BLKVII(qs)		
NFA201 BLKVI		3
		12
University Req.		
HSO100		1

Major

HEA202	2	
HEA203	1	
HEA285*	3	
HEA290	3	
HEA315	3	
HEA345	3	
HEA375 or HEA592	3	
HEA380	3	
HEA450**	3	
HEA455	3	
HEA580480	3	
HEA598490	3	
	33	

Major Opt- CH

HEA360	3	
HEA416	3	
HEA420	1	
HEA463*	6	
Plus 3 hrs from the following selection: HEA498, 590 ,591 ,593, 595, 599 or SOC353	3	
	16	

Major P-12 Opt

EME586	3	
Plus 3 hrs from the following selection: HEA390, 391 ,498, 590 ,593 ,595, or 599	3	
	6	

Support P-12

BIO378	1	
	1	

Prof. Ed.

EDF103	1	
EDF203	3	
EDF319*	3	
EDF413	3	
EMS499	12	
ESE490*	3	
ESE587	3	
SED401	3	
	31	

Wellness Major Option

HEA360	3	
HEA463* (1-6)	6	
PHE325	3	
PHE433	3	
	15	

Support Wellness

PHE312	3	
PHE315	3	
PHE320	3	
REC411	3	
REC460*	3	
	15	

Community Health Program Totals

	Catalog	Correct
Major	33	33
Mjr Opt. CH	16	16
Support All	12	12
Sup CH Opt	0	0
Gen Ed.(New)	36	36
Univ. Req.	1	1
Free Elect	18	30
	116	128

School Health P-12 Program Totals

	Catalog	Correct
Major	33	33
Mjr Opt. P-12	6	6
Sup All	12	12
Sup P-12 opt.	1	1
Prof Ed. Req	31	31
Gen Ed.(New)	36	36
Univ. Req.	1	1
Free Elect	2	8
	122	128

Wellness Totals to Program

	Catalog	Correct
Major	33	33
Mjr Well	15	15
Sup. All	12	12
Sup Well	15	15
Gen Ed. (New)	36	36
Univ Req.	1	1
Free Elect	19	16
	131	128

- **Changing HEA580 to HEA480 and Changing HEA598 to HEA490 EFF. SUMMER 2008**

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	HEALTH PROMOTION & ADMINISTRATION
___ New Course (Parts II, IV)	College	COLLEGE OF HEALTH SCIENCES
___ Course Revision (Parts II, IV)	*Course Prefix & Number	HNF 202
X Course Dropped (Part II)	*Course Title (30 characters)	Health Information Processing
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	**9/4/07**	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ___ **No** **X**		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

*If Applicable (Type NA if not applicable.)
**Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: Drop Course

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students:

B. The justification for this action: Program dropped course no longer needed

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
~~**HNF 202 Health Information Processing. (3) II.** Prerequisites: **CHS HSA**100, CIS 212 or CSC 104. Survey of health information systems, systems analysis and health data base management. Blocked during the first half of the semester.~~

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	HEALTH PROMOTION AND ADMINISTRATION
New Course (Parts II, IV)	College	COLLEGE OF HEALTH SCIENCES
Course Revision (Parts II, IV)	*Course Prefix & Number	HNF 310
X Course Dropped (Part II)	*Course Title (30 characters)	**HNF 310 Healthcare Data Quality and Utilization.**
New Program (Part III)	*Program Title	
Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	**9/4/07**	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes******	**No** X	Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

 *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: DROP HNF310

A. 2. Effective date: SPRING 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action Program dropped course no longer needed

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
  (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
 (*Use ~~strikethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
~~**HNF 310 Healthcare Data Quality and Utilization. (4) I.** Prerequisite: MAT 105, 107 or STA 215. Prerequisite or Corequisite: HNF 305. Healthcare data analysis for administrative uses in quality improvement and utilization management.~~

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	HEALTH PROMOTION AND ADMINISTRATION
New Course (Parts II, IV)	College	COLLEGE OF HEALTH SCIENCES
Course Revision (Parts II, IV)	*Course Prefix & Number	HNF 311
X Course Dropped (Part II)	*Course Title (30 characters)	Practical Applications in Health Information Technology
New Program (Part III)	*Program Title	
Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	**9/4/07**	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** **No** X		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

   *If Applicable (Type NA if not applicable.)
  **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: DROP HNF311

A. 2. Effective date: SPRING 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action: Program dropped course no longer needed

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
   (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
 (*Use ~~strikethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
~~**HNF 311 Practical Applications in Health Information Technology. (2) II.** Prerequisites: CIS 212 or CSC 104, HNF 314. Discussion of trends, updates, case studies and problem-solving activities related to health information technology.~~

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	HEALTH PROMOTION AND ADMINISTRATION
___ New Course (Parts II, IV)	College	COLLEGE OF HEALTH SCIENCES
___ Course Revision (Parts II, IV)	*Course Prefix & Number	HNF 312
X Course Dropped (Part II)	*Course Title (30 characters)	Medical Record Technical Practice.
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	**9/4/07**	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ___ **No** X		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved	**09/20/017**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

 *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: DROP HNF312

A. 2. Effective date: SPRING 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action: Program dropped course no longer needed

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
     (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
 (*Use ~~strikethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
~~**HNF 312 Medical Record Technical Practice. (6) I, II.** Prerequisite: program approval. Internship assignment to hospital medical record/ health information departments for observation and practice of technical medical record functions. Blocked during the second half of the semester.~~

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	HEALTH PROMOTION & ADMINISTRATION
___ New Course (Parts II, IV)	College	COLLEGE OF HEALTH SCIENCES
___ Course Revision (Parts II, IV)	*Course Prefix & Number	HNF 332
X Course Dropped (Part II)	*Course Title (30 characters)	Legal Principles for Health Care Professionals
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	**9/4/07**	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ___ **No** X		Council on Academic Affairs	
College Curriculum Committee	9/5/07	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

   *If Applicable (Type NA if not applicable.)
  **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: Drop HNF332

A. 2. Effective date: SPRING 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action: Program dropped course no longer needed

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
      (For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

~~**HNF 332 Legal Principles for Health Care Professionals. (2) II.** Prerequisite: CHS 100. Basic aspects of law and its implications for health care, including professional liability, confidentiality, consents and authorizations, and contemporary issues.~~

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Health Promotion and Administration
New Course (Parts II, IV)	College	Health Science
X Course Revision (Parts II, IV)	*Course Prefix & Number	HNF 498
Course Dropped (Part II)	*Course Title (30 characters)	Ind Study in Health Information
New Program (Part III)	*Program Title	
Program Revision (Part III)		(Major _X_, Option ___; Minor ___; or Certificate ___)
Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	05/4/2007	Graduate Council*	NA
College Curriculum Committee	**09/5/2007**	Council on Academic Affairs	
General Education Committee*	NA	Approved **X** Disapproved ___.	**09/20/07**
Teacher Education Committee*	NA	Faculty Senate**	NA
		Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

 *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: To change the course prefix from HNF to HAS; title revision.

A. 2. Effective date: Spring 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action:

To create unity within the Health Services Administration program and to reflect the name of the degree, courses offered by the program will carry a prefix of HSA.

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course

New or Revised* Catalog Text

~~HNF~~ **HSA 498 Independent Study in Health** ~~Information~~ **Services Administration**. (1-6) A. **FORMERLY HNF498** Prerequisite: student must have the independent study proposal approved by faculty supervisor and department chair prior to enrollment. Directed study or research on an issue or area of interest to the health ~~information~~ **services administration** profession.

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
HSA	498	Spring 2008	AS ___ JS ___ BT ___ EM ___ ED ___ PC ___ HS X	HPAD

Credit Hrs.	Weekly Contact Hrs.			Repeatable Maximum No. of Hrs. ___
	Lecture ___	Laboratory ___	Other ___	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR ___ JR ___
			SO ___ SR ___
		Grading Information: Course is eligible for IP (in-progress grading) for: Check all applicable	**FOR BANNER USE ONLY**
		Thesis ___	Date of data entry ___
		Internship ___	
		Independent Study ___	Data entry person ___
		Practicum ___	

Co-Requisites and Prerequisites

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s):   (List prerequisites only.   List combinations below. Use **"and"** and **"or"** literally.)   (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ˉ.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	**FORMERLY HNF498**
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Category: (Check as many as apply.)

I.	01 ___	II.	05 ___	III.	09 ___	IV.	13 ___	V.	17 ___	VI.	20 ___
	02 ___		06 ___		10 ___		14 ___		18 ___		21 ___
	03 ___		07 ___		11 ___		15 ___		19 ___		
	04 ___		08 ___		12 ___		16 ___				

Part IV. Recording Data for New or Revised Course (Record only new or changed course information.

FALL, 2007

SYLLABUS

COURSE TITLE   HSA 498 Independent Study in Health Services Administration

CREDIT HOURS   1-6

CATALOG
DESCRIPTION   Prerequisite: student must have the independent study proposal approved by faculty supervisor and department chair prior to enrollment. Directed study or research on an issue or area of interest to the health services administration profession.

INSTRUCTOR   Dawn Jackson, MAEd, RHIA, CCS-P; Dizney 114; X 6307

TEXTS   **None**

LAST DAY TO
WITHDRAW   **October 26, 2007**

ACADEMIC INTEGRITY
STATEMENT   Students are advised that EKU's Academic Integrity Policy will strictly be enforced in this course. The Academic Integrity policy is available at www.academicintegrity.eku.edu. Questions regarding the policy may be directed to the Office of Academic Integrity.

METHOD OF
EVALUATION   *To be determined by the faculty member per the research being performed.*

GRADING SCALE   The following grading scale is used:

92-100 = A   83-91 = B   74-82 = C   **60-73 = D   Below 60 = F**

MID-TERM STATUS   Each student will be notified of his or her class average prior to the last day to drop a class, as well as mid-semester.

METHODS OF
INSTRUCTION   *To be determined by the professor.*

DISABILITY
STATEMENT   If you are registered with the Office of Services for Individuals with Disabilities, please make an appointment with the course instructor to discuss any academic accommodations you need. If you need academic accommodations and are not registered with the Office of Services for Individuals with Disabilities, please contact the office on the third floor of the Student Services Building, by email at disserv@eku.edu or by telephone at (859) 622-2933 V/TDD. Upon individual request, this syllabus can be made available in alternative forms.

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	HEALTH PROMOTION & ADMINISTRATION
___ New Course (Parts II, IV)	College	COLLEGE OF HEALTH SCIENCES
X Course Revision (Parts II, IV)	*Course Prefix & Number	MAS 355
___ Course Dropped (Part II)	*Course Title (30 characters)	Medical Office Claims Procedures
___ New Program (Part III)	*Program Title	
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate ___)
___ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	**9/4/07**	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ☐ **No** ☒		Council on Academic Affairs	
College Curriculum Committee	**9/5/07**	Approved **X** Disapproved ___	**09/20/07**
General Education Committee*	NA	Faculty Senate**	NA
Teacher Education Committee*	NA	Board of Regents**	NA
		Council on Postsecondary Edu.***	NA

*If Applicable (Type NA if not applicable.)
**Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: REVISE PREFIX ON PREREQUISITE FROM CHS TO MAS AND INSTRUCTOR TO DEPARTMENTAL

A. 2. Effective date: SPRING 2008

A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)

B. The justification for this action: PREFIX WAS CHANGED FROM CHS200 TO MAS200 THRU CAA UPDATING AND CHANGING IT FROM INSTRUCTOR TO DEPARTMENTAL IS FOR BANNER PURPOSES

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NA

Operating Expenses Impact: NA

Equipment/Physical Facility Needs: NA

Library Resources: NA

Part II. Recording Data for New, Revised, or Dropped Course
(For a **new required course,** complete a separate request for the appropriate program revisions.)

New or Revised* Catalog Text
(*Use ~~strikethrough~~ for deletions and <u>underlines</u> for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)
MAS 355 Medical Office Claims Procedures. (3) I, II, A. Prerequisite: ~~CHS~~ <u>MAS</u> 200, or ~~instructor~~ <u>departmental</u> approval. The student will explore proper use of CPT, HCPCS, and ICD-9-CM coding systems as they apply to physician claim submission and accurate reimbursement from third-party payers.

9/5/07 JKR

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Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Term (Example: Fall 2001)	College/Division:	Dept. (4 letters)*
MAS	355	SPRING 2008	AS ____ JS ____ BT ____ EM ____ ED ____ PC ____ HS X	HPAD

Credit Hrs.	Weekly Contact Hrs.	Repeatable Maximum No. of Hrs. _____
	Lecture ____ Laboratory ____ Other ____	Cip Code (first two digits only) **51**

Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)
			FR _____ JR _____ SO _____ SR _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	**FOR BANNER USE ONLY**
		Thesis ____	Date of data entry _____
		Internship ____	
		Independent Study ____	Data entry person _____
		Practicum	

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<u>Co-Requisites and Prerequisites</u>   ****See definitions on following page****
</div>

Co-Requisite(s):   (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only.   List combinations below. Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D ⁻.)

Course Prefix and No.	~~CHS~~ **MAS** 200, or ~~instructor~~ **departmental**
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-Requisite(s) and/or Prerequisite(s) Combination (Use **"and"** and **"or"** literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s):   (credit not allowed with; or formerly:)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Block: Please mark (**X**) in the appropriate Block or Blocks (e.g. – IVB(3) **X**).

Block I (9)	Block II (3)	Block III (6)	Block IV (6)	Block V (9)	Block VI (3)	Block VII (6)	Block VIII (6)
IA (3)	II (3)	IIIA (3)	IVA (3)	VA (3)	VI (3)	VII (3)	VIII (3)
IB (3)		IIIB (3)	IVB (3)	VB (3)		VII (3)	VIII (3)
IC (3)				VC (3)			

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one)	Department Name	Health Promotion and Administration
___ New Course (Parts II, IV)	College	Health Sciences
___ Course Revision (Parts II, IV)	*Course Prefix & Number	
___ Course Dropped (Part II)	*Course Title (30 characters)	
___ New Program (Part III)	*Program Title	Medical Administrative Certificate Program
___ Program Revision (Part III)		(Major ___, Option ___; Minor ___; or Certificate __X__)
_X_ Program Suspended (Part III)	*Provide only the information relevant to the proposal.	

Proposal Approved by:	Date		Date
Departmental Committee	4-18-2007	Graduate Council*	NA
Is this a SACS Substantive Change? **Yes****** ☐ **No** ☒		Council on Academic Affairs	
College Curriculum Committee	9/5/07	Approved **X** Disapproved ___	09/20/07
General Education Committee*	NA	Faculty Senate**	10/01/07
Teacher Education Committee*	NA	Board of Regents**	01/18/08
		Council on Postsecondary Edu.***	NA

 *If Applicable (Type NA if not applicable.)
 **Approval needed for new, revised, or suspended programs
***Approval/Posting needed for new degree program or certificate program
****If "yes", SACS must be notified before implementation. Please contact EKU's Office of Institutional Effectiveness.

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: SUSPEND CERTIFICATE

A. 2. Effective date: Spring 2008

B. The justification for this action: Not enough students pursue this certificate so it is being Suspended

C. The projected cost (or savings) of this proposal is as follows:

Personnel Impact: NONE

Operating Expenses Impact: NONE

Equipment/Physical Facility Needs: NONE

Library Resources: NONE

Part III. **Recording Data for New, Revised, or Suspended Program**

New or Revised* Program Text
(*Use ~~strikethrough~~ for deletions and underlines for additions.)
MEDICAL ADMINISTRATIVE CERTIFICATE PROGRAM
~~**Major Requirements........................ 10 hrs**~~
~~MAS 100[3], 355[3], 360[4].~~
~~**Supporting Requirements..................... 9 hrs**~~
~~CIS 212[3]. CHS~~MAS 200[3], 201[3]~~;~~
~~**Total Curriculum Requirements.............. 19 hrs**~~

CHS200,201 ARE NOW MAS200,201 HOWEVER THE CERTIFICATE WILL BE DROPPED EFF. SPRING OF 2008
These changes of making this a "suspend Cert" in place of the original program revision were made by the dept. per Joy Renfro prior to the College Curriculum Meeting so the form was AMENDED to SUSPEND prior to the meeting. JKR 9/4/07

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