UNIVERSITY FACULTY SENATE FORMS

Academic Program Approval

This form is a routing document for the approval of new and revised academic programs. Proposing department should complete this form. For more information, call the Faculty Senate Office at 831-2921.

Submitted by: ___ Larry Purnell ___ phone number 831-4585

Department: ___ Nursing ___ email address: lpurnell@udel.edu

Action: ___ Revise Clinical Nurse Specialist Concentration ___

(Example: add major/minor/concentration, delete major/minor/concentration, revise major/minor/concentration, academic unit name change, request for permanent status, policy change, etc.)

Effective term 08F

(use format 04F, 05W)

Current degree MSN

(Example: BA, BACH, BACJ, HBA, EDD, MA, MBA, etc.)

Proposed change leads to the degree of: ___

(Example: BA, BACH, BACJ, HBA, EDD, MA, MBA, etc.)

Proposed name: ___

Proposed new name for revised or new major / minor / concentration / academic unit
(if applicable)

Revising or Deleting:

Undergraduate major / Concentration: ___

(Example: Applied Music – Instrumental degree BMAS)

Undergraduate minor: ___

(Example: African Studies, Business Administration, English, Leadership, etc.)

Graduate Program Policy statement change: see page 17

http://www.udel.edu/nursing/handbook/LIPPENCO.doc

Attached is a second document containing the School of Nursing graduate program policy.

(Must attach your Graduate Program Policy Statement)

Graduate Program of Study: ___ MSN Nursing ___

(Example: Animal Science: MS Animal Science: PHD Economics: MA Economics: PHD)

Graduate minor / concentration: ___ Clinical Nurse Specialist ___

Note: all graduate studies proposals must include an electronic copy of the Graduate Program Policy Document, highlighting the changes made to the original policy document.
List new courses required for the new or revised curriculum. How do they support the overall program objectives of the major/minor/concentrations? (Be aware that approval of the curriculum is dependent upon these courses successfully passing through the Course Challenge list. If there are no new courses enter “None”) None

Explain, when appropriate, how this new/revised curriculum supports the 10 goals of undergraduate education: http://www.ugs.udel.edu/gened/

Identify other units affected by the proposed changes: (Attach permission from the affected units. If no other unit is affected, enter “None”)

None

Describe the rationale for the proposed program change(s): (Explain your reasons for creating, revising, or deleting the curriculum or program.)

NURS622 Advanced Pharmacology is now required for national certification in all specialties.

Program Requirements:
(Show the new or revised curriculum as it should appear in the Course Catalog. If this is a revision, be sure to indicate the changes being made to the current curriculum and include a side-by-side comparison of the credit distribution before and after the proposed change.)

Catalogue currently has NURS622 as an elective. This would change to required (page 314 in the catalog and page 17 of School of Nursing Policy that is attached)

Make NURS622 Advanced Pharmacology a requirement for all clinical nurse specialist concentrations

ROUTING AND AUTHORIZATION: (Please do not remove supporting documentation.)

Department Chairperson ________________________________ Date __________________

Dean of College ________________________________ Date __________________

Chairperson, College Curriculum Committee ________________________________ Date __________________

Chairperson, Senate Com. on UG or GR Studies ________________________________ Date __________________

Chairperson, Senate Coordinating Com. ________________________________ Date __________________

Secretary, Faculty Senate ________________________________ Date __________________

Date of Senate Resolution ________________________________ Date to be Effective __________________

Registrar ________________________________ Program Code __________________ Date __________________

Vice Provost for Academic Programs & Planning ________________________________ Date __________________

Provost ________________________________ Date __________________

Board of Trustee Notification ________________________________ Date __________________

Revised 5/02/06 /khs