NEW OR MODIFIED COURSE PROPOSAL FORM

[ ]   **Undergraduate Curriculum Council**

[X]   **Graduate Council**

[ ]**New Course,** [ ]**Experimental Course (1-time offering), or [X]Modified Course**   **(Check one box)**

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

Mark Foster 3/28/2023
Department Curriculum Committee Chair

COPE Chair (if applicable)   ENTER DATE…

Mark Foster 3/29/2023 **Department Chair**

Amy Hyman 03/29/2023

College Curriculum Committee Chair

Undergraduate Curriculum Council Chair   ENTER DATE…

ENTER DATE…

Director of Assessment (new courses only)

ENTER DATE…

Graduate Curriculum Committee Chair

___Scott E. Gordon____   3-29-23
College Dean

_Len Frey_____5/1/23___   ENTER DATE…
Vice Chancellor for Academic Affairs

ENTER DATE…

General Education Committee Chair (if applicable)

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1.   **Contact Person (Name, Email Address, Phone Number)**
L. Todd Hammon DNP CRNA LHammon@astate.edu 870-972-2814

2. Proposed starting term and Bulletin year for new course or modification to take effect
Spring 2023 Bulletin 2022-2023...

Instructions:
Please complete all sections unless otherwise noted. For course modifications, sections with a "Modification requested?" prompt need not be completed if the answer is "No."

3.

	Current (Course Modifications Only)	Proposed (New or Modified) *(Indicate "N/A" if no modification)*
Prefix	NURS	N/A
Number*	8601	N/A
Title (include a short title that's 30 characters or fewer)	DNP Project Development	N/A
Description**	The course focus is refinement of sections that address the background, literature review and preparation for implementation reflecting the specialty focus of the student to meet individual student interests and career goals.	N/A

* Confirm with the Registrar's Office that number chosen has not been used before and is available for use. For variable credit courses, indicate variable range. *Proposed number for experimental course is 9*.
**Forty words or fewer (excepting prerequisites and other restrictions) as it should appear in the Bulletin.

4. Proposed prerequisites and major restrictions   [Modification requested? NO]
(Indicate all prerequisites. If this course is restricted to a specific major, which major. If a student does not have the prerequisites or does not have the appropriate major, the student will not be allowed to register).

      a. **Yes / No**   Are there any prerequisites?
          a. If yes, which ones?
              Enter text…
          b. Why or why not?
              Enter text…

      b. **Yes / No**   Is this course restricted to a specific major?
          a. If yes, which major?   Enter text…

5. Proposed course frequency   [Modification requested? NO]
 (e.g. Fall, Spring, Summer; if irregularly offered, please indicate, "irregular.") *Not applicable to Graduate courses.*

Enter text…

6. Proposed course type   [Modification requested? NO]

Will this course be lecture only, lab only, lecture and lab, activity (e.g., physical education), dissertation/thesis, capstone, independent study, internship/practicum, seminar, special topics, or studio? Please choose one.
Enter text…

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7. Proposed grade type   [Modification requested? YES]
What is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])
~~PASS/ FAIL~~ REPLACE WITH LETTER GRADE

8.   NO   Is this course dual-listed (undergraduate/graduate)?

9.   NO   Is this course cross-listed?
(If it is, all course entries must be identical including course descriptions. <u>Submit appropriate documentation for requested changes.</u> It is important to check the course description of an existing course when adding a new cross-listed course.)

    a. – If yes, please list the prefix and course number of the cross-listed course.
       Enter text…
    b. – **Yes / No** Can the cross-listed course be used to satisfy the prerequisite or degree requirements this course satisfies?
       Enter text…

10. NO   Is this course in support of a new program?
    a. If yes, what program?
       Enter text…

11. NO   Will this course be a one-to-one equivalent to a deleted course or previous version of this course (please check with the Registrar if unsure)?
    a. If yes, which course?
       Enter text…

Course Details

12. Proposed outline   [Modification requested? NO]
(The course outline should be topical by weeks and should be sufficient in detail to allow for judgment of the content of the course.)
Enter text…

13. Proposed special features   [Modification requested? NO]
(e.g. labs, exhibits, site visitations, etc.)
Enter text…

14. NO Department staffing and classroom/lab resources NO
Enter text…
    a. Will this require additional faculty, supplies, etc.?
       Enter text…

15. NO   Does this course require course fees? NO
    If yes: please attach the New Program Tuition and Fees form, which is available from the UCC website.

Justification

Modification Justification (<mark>Course Modifications Only</mark>)

16. Justification for Modification(s)

1.) These are high stakes courses and require a lot of time and preparation on the part of the student.

2.) These are baccalaureate students who entered into a doctoral Nurse Anesthesia Program. They are spending a lot of time in learning writing skills and exploring evidenced-based research

3.) A letter grade is more conducive to better communicate the level at which a student is performing in the doctoral courses. A letter grade is a better indicator of who needs the most help and who is progressing at a higher level.

4.) It is easier to measure how a student is mastering program standards

New Course Justification (<mark>New Courses Only</mark>)

17. Justification for course. Must include:

a. Academic rationale and goals for the course (skills or level of knowledge students can be expected to attain)

Enter text...

b. How does the course fit with the mission of the department? If course is mandated by an accrediting or certifying agency, include the directive.

Enter text...

c. Student population served.

Enter text...

d. Rationale for the level of the course (lower, upper, or graduate).

Enter text...

Assessment

Assessment Plan Modifications (<mark>Course Modifications Only</mark>)

18. NO   Do the proposed modifications result in a change to the assessment plan?
If yes, please complete the Assessment section of the proposal

Bulletin Changes

Paste bulletin pages here...