

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

**Part I**

|   |   |                                    |
|---|---|------------------------------------|
| (Check one)   | Department Name   | Baccalaureate and Graduate Nursing |
| <input type="checkbox"/> New Course (Parts II, IV)              | College   | Health Sciences                    |
| <input type="checkbox"/> Course Revision (Parts II, IV)         | *Course Prefix & Number   |                                    |
| <input type="checkbox"/> Course Dropped (Part II)               | *Course Title (30 characters)   |                                    |
| <input type="checkbox"/> New Program (Part III)                 | *Program Title  | NURSING PRE RN (B.S.N)             |
| <input checked="" type="checkbox"/> Program Revision (Part III) | (Major <u>  X  </u> , Option <u>  </u> ; Minor <u>  </u> ; or Certificate <u>  </u> ) |                                    |
| <input type="checkbox"/> Program Suspended (Part III)           | *Provide only the information relevant to the proposal.                               |                                    |

|   |                |                                  |                             |
|---|----------------|----------------------------------|-----------------------------|
| Proposal Approved by:   |                | <u>                    </u>      | <u>                    </u> |
| Departmental Committee  | <u>2/3/06</u>  | Graduate Council*                | <u>NA</u>                   |
| <i>Is this a SACS Substantive Change?</i> <b>Yes****</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> |                | Council on Academic Affairs      | <u>                    </u> |
| College Curriculum Committee  | <u>2/8/06</u>  | Approved      Disapproved        | <u>                    </u> |
| General Education Committee*  | <u>Pending</u> | Faculty Senate**                 | <u>NA</u>                   |
| Teacher Education Committee*  | <u>NA</u>      | Board of Regents**               | <u>NA</u>                   |
|   |                | Council on Postsecondary Edu.*** | <u>NA</u>                   |

\*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:** (Example: To increase the number of credit hours for ABC 100 from 1 to 2.)  
To revise the BSN program to incorporate changes in support and general education requirements. To add the term PRE RN to the name to title for clarification

**A. 2. Effective date:** (Example: Fall 2001)  
Fall 2006

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

**B. The justification for this action:**

Need to reflect new general education requirements for the program. Some modification in support courses has also been included to add more flexibility in course selection. Free elective hours have been increased to add choices and a broader educational base for students. The title has been clarified.

**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.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~strike through~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised\* Catalog Text

(\*Use ~~strike through~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

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

1. For a new program, provide the catalog description as being proposed.
2. For a revised program, provide the current program requirements using ~~strike through~~ for deletions and underlines for additions.
3. For a suspended program, provide the current program requirements as shown in catalog. List any options and/or minors affected by the program's suspension.

New or Revised\* Program Text  
(\*Use ~~strike through~~ for deletions and underlines for additions.)

**NURSING PRE RN (B.S.N.)**

*CIP Code: 51.1601.01*

**Major Requirements ..... 65 hours**

NSC 232, 242, 252, 330, 332, 350, 380, 386, 390, 392, 396,  
480, 484, 486, 492, 495

**Supporting Course Requirements .....~~29~~ 25-26 hours**

BIO 171, 273 or CLT 209, 301, CHE 105, 107, NFA 201,  
~~PSY 200, SOC 131 and 345 or CDF 132 or approved~~  
~~or approved substitution and~~ STA 215 or approved substitution  
270, 3 hours of general education PSY, and 3  
additional hours of general education social science.

**General Education Requirements ..... ~~31~~27 hours**

Standard General Education program, excluding ~~course categories~~  
~~03, 09, 13, 14, 15, 16, and 19.~~ Blocks IVB, VB, VC, 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**

H SO 100

**Free Electives ..... ~~2~~ 9-10 hours**

**Total Curriculum Requirements ..... 128 hours**