DEGREE/PROGRAM CHANGE FORM C

Fields marked with * are required Email:*knorgren@unm.edu Date:* 10-30-09 Name of Initiator: Kim Norgren Email:*knorgren@unm.edu Date:* 10-30-09 Phone Number:* 505 272-8327 Initiator's Rank / Title* Administrative Coordinator: College of Nursing
Faculty Contact* Jean Giddens Administrative Contact* Kim Norgren
Department* Nursing Division Program
Branch
Proposed effective term:
Semester Summer Vear 2010 V
Course Information
Select Appropriate Program Undergraduate Degree Program V CIP Code
Name of New or Existing Program * BSN basic entry & second degree option
Catalog Page Number 569 Select Category Degree Degree Degree Type Baccalaureate
Select Action Revision
Exact Title and Requirements as they should appear in the catalog. See current catalog for format within the respective college (enter text below or upload a doc/pdf file)
Form c 10-30-09.doc
This Change affects other departmental program/branch campuses
Reason(s) for Request * (enter text below or upload a doc/pdf file) This change addresses an awkward combination of clinical practices and creates a clearer distinction between two types of clinical practice.

Statements to address budgetary and Faculty Load Implications and Long-range planning * (enter text below or upload a doc/pdf file) No new resources are needed for this change. The overall credit hours are unchanged so there is no implication for faculty load. The new course and curricular revision has been approved by faculty and administration of the College of Nursing.