

ORIGINATOR'S SECTION:	
1. College: <input type="checkbox"/> CHABSS <input type="checkbox"/> CoBA <input checked="" type="checkbox"/> CoEHHS <input type="checkbox"/> CSM	Desired Term and Year of Implementation (e.g., Fall 2008): Spring 2018
2. Current Course abbreviation and Number: NURS 598	

TYPE OF CHANGE(S). Check all that apply.

Course Number Change	<input type="checkbox"/>	Delete Prerequisite	<input type="checkbox"/>	Other Prerequisite Change	<input type="checkbox"/>
Course Title Change	<input checked="" type="checkbox"/>	Add Corequisite	<input type="checkbox"/>	Grading Method Change	<input type="checkbox"/>
Unit Value Change	<input type="checkbox"/>	Delete Corequisite	<input type="checkbox"/>	Mode of Instruction Change (C/S Number)	<input type="checkbox"/>
Description Change	<input checked="" type="checkbox"/>	Add Consent for Enrollment	<input type="checkbox"/>	Consider for G.E. If yes, also fill out appropriate GE form.	<input type="checkbox"/>
Add Prerequisite	<input checked="" type="checkbox"/>	Delete Consent for Enrollment	<input type="checkbox"/>	Cross-list	<input type="checkbox"/>

Information in this section– both current and new – is required only for items checked () above.

NEW INFORMATION:

Course abbreviation and Number:

CURRENT INFORMATION:

3. Title Directed Graduate Project	Title: <i>(Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)</i> Culminating Experience in Nursing
4. Abbreviated Title for Banner <i>(no more than 25 characters):</i> Dir Grad Project	Abbreviated Title for PeopleSoft: <i>(no more than 25 characters, including spaces)</i> Culminating Exper Nsg
5. Number of Units:	Number of Units:
6. Catalog Description: Refinement of a project proposal and completion of graduate thesis or project. Ideas for projects include the design, implementation and evaluation of an evidence-based innovation, completion of a grant proposal or evaluation of a product or procedure. Other ideas may be presented to the faculty for approval. Students may take 1, 2, or 3 project units at a time. <i>May be repeated for a total of three (3) units. Enrollment restricted to students enrolled in the Master of Science in Nursing Program.</i>	Catalog Description: <i>(Not to exceed 80 words; language should conform to catalog copy. Please consult the catalog for models of style and format; include all necessary information regarding consent for enrollment, pre- and/or corequisites, repeated enrollment, crosslisting, as detailed below. Such information does not count toward the 80-word limit.)</i> Students complete a culminating experience which may take the form of a thesis, project, or case study. Students may take 1, 2, or 3 units at a time. <i>May be repeated for a total of three (3) units. Enrollment restricted to students enrolled in the Master of Science in Nursing Program.</i> <i>Prerequisite(s): NURS 510, NURS 512</i>

Tracker _____
PS _____
RP _____



CURRENT INFORMATION:

NEW INFORMATION:

7. **Mode of Instruction*** (See pages 17-23 at <http://www.calstate.edu/cim/data-elem-dic/APDB-Transaction-DED-SectionV.pdf> for definitions of the Course Classification Numbers)

Type of Instruction	Number of Credit Units	Instructional Mode (Course Classification Number)	Type of Instruction	Number of Credit Units	Instructional Mode (Course Classification Number)
Lecture			Lecture		
Activity			Activity		
Lab			Lab		

8. **Grading Method:***

- Normal (N) (Allows Letter Grade +/-, and Credit/No Credit)
- Normal Plus Report-in-Progress (NP) (Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress)
- Credit/No Credit Only (C)
- Credit/No Credit or Report-in-Progress Only (CP)

Grading Method:*

- Normal (N) (Allows Letter Grade +/-, and Credit/No Credit)
- Normal Plus Report-in-Progress (NP) (Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress)
- Credit/No Credit Only (C)
- Credit/No Credit or Report-in-Progress Only (CP)

9. If the NP or CP grading system was selected, please explain the need for this grade option.

10. **Course Requires Consent for Enrollment?**

- Yes No
- Faculty Credential Analyst Dean
- Program/Department/Director/Chair

Course Requires Consent for Enrollment?

- Yes No
- Faculty Credential Analyst Dean
- Program/Department/Director/Chair

11. **Course Can be Taken for Credit More than Once?**

- Yes No
- If yes, how many times (including first offering)

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- Yes No
- If yes, how many times (including first offering)

12. **Is Course Cross Listed:** Yes No

If yes, indicate which course

Is Course Cross-listed? Yes No

If yes, indicate which course and check "yes" in item #17 below.

13. **Prerequisite(s):**

NURS 512

Prerequisite(s):

NURS 510, NURS 512

14. **Corequisite(s):**

Corequisite(s):

15. **Documentation attached:**

- Syllabus Detailed Course Outline

PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION:

(Mandatory information – all items in this section must be completed.)

16. Does this course fulfill a requirement for any major (i.e. core course or elective for a major, majors in other departments, minors in other departments)? Yes No

If yes, please specify:

17. Does this course change impact other discipline(s)? (If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.) Check "yes" if the course is cross-listed. Yes No

If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

Discipline _____ Support _____ Oppose
Signature _____ Date _____

Discipline _____ Support _____ Oppose
Signature _____ Date _____

18. **Reason(s) for changing this course:**

SIGNATURES : (COLLEGE LEVEL) :

(UNIVERSITY LEVEL)

CURRENT INFORMATION:

- 1. Originator (Please Print) Nancy C. Romig Date 10/10/17
- 2. Program Director/Chair John H. Anderson Date 10/10/17
- 3. College Curriculum Committee Nancy Date 11-29-17
- 4. College Dean (or Designee) Shirley Green Date 11-30-17

NEW INFORMATION:

- 5. UCC Committee Chair _____ Date _____
- 6. Vice President for Academic Affairs (or Designee) _____ Date _____
- 7. President (or Designee) _____ Date _____