**New Undergraduate Course Proposal Form**

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| GENERAL INFORMATION: |  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |  | |
| Proposed Course Title: | | | |
|  | | | |
| Proposed Course Semester: | | | |
| Credit Hours: | Didactic \_\_\_\_ |  | |
|  | Clinical \_\_\_\_ |  |  |
| Lab \_\_\_\_ |  |  |
|  |  |  |
| Proposed Total Weekly Contact Hours: | | | |
| Proposed Faculty: | | | |
| Required Course: \_\_\_\_\_\_\_\_\_\_ | | Elective Course: \_\_\_\_\_\_\_\_\_\_ | |
| Identify All Prerequisite Courses: | | | |
|  | | | |
| If this course will replace one or more courses, identify the course(s) to be discontinued: | | | |
|  |  | | |
| Course Number | Course Title | | |
|  |  | | |
| Course Number | Course Title | | |
| Why is this course being requested? | | | |
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What implications do you see this course having on the current required curriculum?

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Relationship to current Philosophy, Organizing Framework, and BSN Outcomes:

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Cost/Workload Factors: Describe cost, workload, educational technology and other resources necessary

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INFORMATION TO BE APPENDED:

1. Course description.

2. Course objectives/learning activities.

3. Outline of major concept areas and/or clinical/lab experience.

4. Instructional factors:

a. Suggested methods of instruction (lecture, seminar, etc.)

b. Is this course intended for multi-campus delivery?

c. Is there a maximum enrollment?

5. Methods of evaluation

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| INFORMATION PROCESS: |  | DATE |
|  |  |  |
| BSN Program Director Signature |  |  |
|  |  |  |
| Undergraduate Curriculum Committee Chair Signature |  |  |
| APPROVAL PROCESS: |  | DATE |
|  |  |  |
| Undergraduate Curriculum Committee Chair Signature |  |  |
|  |  |  |
| General Faculty Organization Chair Signature |  |  |

If this is a prelicensure course or elective course, it must go through the Nebraska Board of Nursing for approval.