

New Course Request

Indiana University

Kokomo Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

1. School/Division NURSING 2. Academic Subject Code NURS
3. Course Number K431 (must be cleared with University Enrollment Services) 4. Instructor WALLACE
5. Course Title TRANSCULTURAL NURSING PRACTICUM

Recommended Abbreviation (Optional) _____ (Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Spring 09 PREVIOUSLY OFFERED
Spring 08 AS K492
HISPANIC PRACTICUM
7. Credit Hours: Fixed at _____ or Variable from 1 to 3
8. Is this course to be graded S-F (only)? Yes _____ No SET BY INSTRUCTOR, NOT
STUDENT
9. Is variable title approval being requested? Yes No _____

10. Course description (not to exceed 50 words) for Bulletin publication: _____

_____ This course is a partnership between Indiana University Kokomo School of Arts & Sciences and _____
_____ School of Nursing offering students an opportunity to participate in a service learning project in _____
_____ a Spanish speaking county. Pre or Co-requisites: K430 Transcultural Nursing and NURS _____
_____ B244/B245. _____

11. Lecture Contact Hours: Fixed at _____ or Variable from _____
12. Non-Lecture Contact Hours: Fixed at _____ or Variable from 45 to 135
13. Estimated enrollment: 25 of which 0 percent are expected to be graduate students.
14. Frequency of scheduling: EACH SPRING Will this course be required for majors? NO
15. Justification for new course: CHANGE FROM INCOMPETENT TO ELECTIVE
16. Are the necessary reading materials currently available in the appropriate library? YES
17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.
18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.
19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: _____ Date _____ Approved by: _____ Date 10-16-08
Department Chairman/Division Director _____ Dean _____
_____ Date _____ Chancellor/Vice-President _____
Dean of Graduate School (when required) _____ University Enrollment Services _____ Date _____