

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 K440 (must be cleared with University Enrollment Services) 4. Instructor WALLACE  
5. Course Title CRITICAL CARE NURSING

Recommended Abbreviation: Optional \_\_\_\_\_  
Limited to 32 Characters including spaces: Has been offered

6. First time this course is to be offered (Semester Year): Summer 09

7. Credit Hours: Fixed at 2 or Variable from \_\_\_\_\_ to \_\_\_\_\_

8. Is this course to be graded S-F (only)? Yes \_\_\_\_\_ No X

9. Is variable title approval being requested? Yes \_\_\_\_\_ No X

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

Students will hear presentations from physicians and advanced practice nurses and participate in discussions and experiences related to critical care concepts and hemodynamic monitoring.

11. Lecture Contact Hours: Fixed at 30 or Variable from \_\_\_\_\_ to \_\_\_\_\_

12. Non-Lecture Contact Hours: Fixed at \_\_\_\_\_ or Variable from \_\_\_\_\_ to \_\_\_\_\_

13. Estimated enrollment: 20 of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: each summer Will this course be required for majors? NO

15. Justification for new course: change from Independent Study 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 \_\_\_\_\_  
Department Chairman/Division Director

Approved by: [Signature] Date 10-16-08  
Dean

\_\_\_\_\_  
Dean of Graduate School (when required)

\_\_\_\_\_  
Chancellor/Vice-President

\_\_\_\_\_  
University Enrollment Services

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.