

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 K 441 (must be cleared with University Enrollment Services) 4. Instructor WALLACE/HOLLINGSWORTH
5. Course Title CRITICAL CARE NURSING PRACTICUM

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

6. First time this course is to be offered (Semester Year) Summer 09 HAS BEEN OFFERED SUMMER 08 07 AS CRITICAL CARE/
7. Credit Hours: Fixed at 2 or Variable from _____ to _____ HMO, HAVE MONITORING PRACTICUM K492
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 participate in a preceptored critical care clinical experiences and simulations to promote critical thinking. Students for this course are selected for participation and must have completed all junior level nursing courses. Co-requisite: K440 Critical Care.

- 11. Lecture Contact Hours: Fixed at _____ or Variable from _____ to _____
- 12. Non-Lecture Contact Hours: Fixed at 90 or Variable from _____ to _____
- 13. Estimated enrollment: 10 of which 0 percent are expected to be graduate students. EAU
- 14. Frequency of scheduling: Summer Will this course be required for majors? NO
- 15. Justification for new course: CHANGE FROM INDEPENDENT NO, TO ELEVEN
- 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:

Approved by:

Date _____
Department Chairman/Division Director

[Signature] Date 10-16-08
Dean

Date _____
Dean of Graduate School (when required)

Date _____
Chancellor/Vice-President

Date _____
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.