CATALOG YEAR __06__
(Please use separate form for each add/change)

COLLEGE/SCHOOL : _____School of Nursing

Current Catalog Page(s) Affected _____179

Course: Add: _____ Delete: _____

(check all that apply) Change: Number ____ Title ____ SCH _____

Description _____ Prerequisite _____

If new, provide Course Prefix, Number, Title, SCH Value, Description, prerequisite, and lecture/lab hours if applicable. If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

Program: Add: __x__ Change: _____ Attach new/changed Program of Study description and 4-year plan. If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red. **ADMISSION REQUIREMENTS-BASIC NURSING STUDENTS** (Add) #7 Verification of drug and criminal background screening by a designated company or agency at student expense.

Minor: Add: _____ Delete: _____ Change: _____ Attach new/changed minor.
If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

Faculty: Add: _____ Delete: _____ Change: _____ Attach new/changed faculty entry.
If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

College Introductory Pages: Add information: _____ Change information: _____
Attach new/changed information. If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

Approvals: Signature Date

Chair *N/A* _____
Department Curriculum Committee

Chair *N/A* _____
Department

Chair *BCyR* 11-29-05
College Curriculum Committee
Sekorf

Dean *Director* _____ 11-29-05

CATALOG YEAR   06
(Please use separate form for each add/change)

COLLEGE/SCHOOL :   _____ School of Nursing

Current Catalog Page(s) Affected   _____ 179

Course: Add: _____   Delete: _____
(check all that apply)   Change: Number ____ Title _____ SCH _____
                    Description _____ Prerequisite _____

If new, provide Course Prefix, Number, Title, SCH Value, Description, prerequisite, and lecture/lab hours if applicable. If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

Program: Add: x   Change: X   Attach new/changed Program of Study description and 4-year plan. If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.   **TRANSFER APPLICANTS**   (Add)
#8 Verification of drug and criminal background screening by a designated company or agency at student expense.

Minor: Add: _____ Delete: _____ Change: _____ Attach new/changed minor.
If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

Faculty: Add: _____   Delete: _____   Change: _____   Attach new/changed faculty entry.
If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

College Introductory Pages: Add information: _____ Change information: _____
Attach new/changed information. If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

Approvals:	Signature	Date
Chair Department Curriculum Committee	N/A	
Chair Department	N/A	
Chair College Curriculum Committee		11-25-05
School Dean Director		11-29-05

CATALOG YEAR   06
(Please use separate form for each add/change)

COLLEGE/SCHOOL :   _____ School of Nursing

Current Catalog Page(s) Affected   _____ 181

Course: Add: _____   Delete: _____

(check all that apply)   Change: Number ____ Title ____ SCH ____

Description _____ Prerequisite _____

If new, provide Course Prefix, Number, Title, SCH Value, Description, prerequisite, and lecture/lab hours if applicable. If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

Program: Add: _____Change:__ X__ Attach new/changed Program of Study description and 4-year plan. If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.   **ADMISSION REQUIREMENTS-RN/BSN STUDENTS** (Change) #7 Verification of drug and criminal background screening by a designated company or agency at student expense.

Minor: Add: _____Delete: _____ Change: _____ Attach new/changed minor.
If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

Faculty: Add: _____   Delete: _____   Change: _____   Attach new/changed faculty entry.
If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

College Introductory Pages: Add information: _____ Change information: _____
Attach new/changed information. If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

Approvals:	Signature	Date
Chair Department Curriculum Committee	N/A	
Chair Department	N/A	
Chair College Curriculum Committee School	Berger	11-25-05
Dean Director		11-29-05

CATALOG YEAR   06
(Please use separate form for each add/change)

COLLEGE/SCHOOL :   _____School of Nursing

Current Catalog Page(s) Affected   _____246

Course: Add: <u>X</u>   Delete: _____
(check all that apply)   Change: Number _____ Title _____ SCH _____
                                    Description _____ Prerequisite _____

If new, provide Course Prefix, Number, Title, SCH Value, Description, prerequisite, and lecture/lab hours if applicable. If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

Program: Add<u>:   X   </u>Change<u>:   X </u>   Attach new/changed Program of Study description and 4-year plan. If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.   **GENERAL REQUIREMENTS**   (Add) #9 Verification of drug and criminal background screening by a designated company or agency at student expense.

Minor: Add: _____Delete: _____ Change: _____   Attach new/changed minor.
If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

Faculty: Add: _____   Delete: _____   Change: _____   Attach new/changed faculty entry.
If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

College Introductory Pages: Add information: _____ Change information: _____
Attach new/changed information. If in current catalog, copy and paste the text from the <u>on-line catalog</u> and indicate changes in red.

Approvals:	Signature	Date
Chair Department Curriculum Committee	*N/A*	
Chair Department	*N/A*	
Chair College Curriculum Committee	*BL-|S*	*11-29-05*
Dean		*11-29-05*