Course Change Form

Course Addition

1. Course Title: **First Year-Intro to Nursing/Allied Health**
   Prefix & Num: HLOC 1001
   Originator: Carole Grady
   Department: Nursing and Allied Health
   Replacement Course ID:

2. Pre-requisite(s): **none**
   Co-requisite(s): **none**
   Instructor permission required: **No**
   Class Hours/Week:
   - LEC: 0.00
   - LBC w/cr: 2.00
   - *LNC w/no cr: 0.00
   Credits: 1.00
   Clinical: 0.00
   Practicum: 0.00
   Independent Study: 0.00

3. Semester to be Implemented: **Fall, 2009**
   Day: ☑
   Extended Day: ☐
   Grade type: Regular
   Lab Fee: $0.00
   Additional Fees: $0.00
   Potential WLF: 2.00

4. Cost Code:

5. Is this course designed for a specific group? **Yes**
   Who? Entering freshman and transfer students with 0-24 credits (degree-seeking students only)

6. Catalog Description:

   This course is designed to help students majoring in nursing or allied health adapt to college life and become integrated into Dixie State College. Students will refine academic skills, create and foster social networks, learn about college resources, and explore different fields of study in the health sciences. Students will begin to explore the collaborative relationships necessary for interdisciplinary health care.

7. Course justification (attach sheets if needed):

   This course is being implemented to promote student success, increase student retention, and provide a means for institutional assessment.

8. Are library resources adequate to support this change? **Yes**
   If not, how are those resources to be acquired?

9. Are technical and other resources available? **Yes**
   If not, how are those resources to be acquired?

10. Relationship to the curriculum: Would the course fill a G.E. requirement? **No**
    If yes, which G.E. area?
    If it does not fill a G.E. requirement, would the course offer elective credit? **Yes**

11. Transferability of the course: List comparable courses at other colleges and universities:

    | G.E. | Elective | Course Title | Credits | Prefix & Num. | Institution |
    |------|----------|--------------|---------|--------------|-------------|
    | ☐    | ☐        |              |         | DSC          |             |
    | ☐    | ☑        |              |         | DSC          |             |
    | ☐    | ☐        |              |         | DSC          |             |

   Approval Signatures:

   Department Chair: Carole Grady
   Date: 4/2/09
   Associate Dean/Dean: Victor Horsfurlin
   Date: 4/2/09
   Curriculum Chair: ____________________________
   Date: _______________________
   Academic VP: ____________________________
   Date: _______________________

Date of Request: February 19, 2009
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