Course Change Form

Course Revision

1. Course Title: Pediatric Nursing I
   Prefix & Num.: NURS 1250

2. Pre-requisite(s): NURS 1100, NURS 1120, NURS 1200, 1220, 1260, 1300
   Co-requisite(s): Instructor permission required: No
   Credits: 2.00

   Class Hours/Week: *LEC: 1.30 *LBC w/ cr: 0.17 *LNC w/ no cr: 0.00
   Clinical: 1.07 Practicum: 0.00
   Independent Study: 0.00

3. Semester to be Implemented: Spring, 2010
   Day ☒ Extended Day ☐ Grade type: Regular

4. Cost Code: HEA103 Lab Fee:
   Additional Fees: $0.00 Potential WLF: 0.00

5. Is this course designed for a specific group? Yes
   Who? Students enrolled in the PN program

6. Catalog Description: ☐ Now in Print, or ☒ Proposed Below:
   Focus on basic nursing care of pediatric clients and their families. Prerequisites: NURS 1100, 1120. Corequisites: NURS 1200, 1220, 1260, 1300. 1.3 lecture hours per week, total 2.5 lab hours, total 16 clinical hours.

7. Course justification (attach sheets if needed):
   Course description being revised to reflect deletion of NURS 1251, 1255.

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:

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<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
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Approval Signatures:

Department Chair: [Signature] Date: 10/22/09

Associate Dean/Dean: [Signature] Date: 10/22/09

Curriculum Chair: __________________________ Date: __________

Academic VP: __________________________ Date: __________