Current Chair: Brian Morgan

Request for Undergraduate Addition, Deletion, or Change of a Major

Prepare ***one*** paper copy with all signatures and forward to Bernice Bullock in the Faculty Senate office. Additionally, immediately following attainment of the College Curriculum Chair signature, send ***one*** identical ELECTRONIC COPY sans signatures in PDF format with all supporting documentation converted to PDF format by email to Bernice Bullock in the Faculty Senate office.

College: Health Professions Department/Division: Dean's Office

Contact Person: Chuck Hossler Phone: (304)696-3743

ACTION REQUESTED:

Check action requested: ____ Addition ____ Deletion ____ Change

Name of Major (provide code if this is an existing major): Pre Nursing HZ81

RATIONALE:

The Pre Nursing major code led students to the belief that they would become nursing majors simply by completing courses under this major. The code was used for both the Associate and Bachelor nursing programs causing confusion for the students, financial aid and other offices on campus.

CURRICULUM: (If addition or change, number of hours and courses; indicate if required or optional) May be submitted as separate document.

No changes needed.

NOTIFICATION REQUIREMENTS:

Attach a copy of written notification regarding this curriculum request to the following:

1. **Statement of Non-Duplication:** If this major will be similar in title or content to an existing major at the university, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
2. If your department/division requires additional faculty, equipment, or specialized materials, attach an estimation of money and time required to secure these items.
3. Send a copy of this completed form to the Marshall University Catalog Editor.

SIGNATURES: (If disapproved at any level, do not sign. Return to previous signer.)

Department Chair/Division Head: _____	Date: _____
Librarian: _____	Date: _____
College Dean: _____	Date: _____
College Curriculum Chair: _____	Date: _____
University Curriculum Committee Chair: _____	Date: _____
Faculty Senate Chair: _____	Date: _____
VP Academic Affairs/VP Health Science _____	Date: _____