

Request for Graduate Non-Curricular Changes

PLEASE USE THIS FORM FOR ALL NON-CURRICULAR CHANGE REQUESTS (changes in admission requirements or requirements for graduation, changes in or new policies/procedures, changes in program descriptions in catalog, general language changes in catalog.)

SIGNATURES may not be required, depending on the nature of the request and from where it originates. Consult Graduate Council chair.

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy without signatures to the Graduate Council Chair.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: COHP

Dept/Division: NURSING

Contact Person: DIANA STOTTS

Phone: 304-696-2623

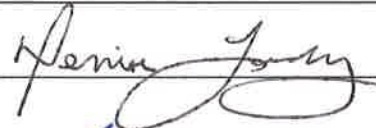


Rationale
for Request

NUR 695 IS A 6 CREDIT HOURS COURSE. HAVING THE 6 CREDIT HOURS VARIABLE IS CONFUSING TO THE STUDENTS TO WHERE THE STUDENTS REGISTER ANYWHERE FROM 1-6 HOURS. THE 6 CREDIT HOURS NEED TO NOT BE VARIABLE.

(May attach
separate page
if needed)

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

NOTE: all requests may not require all signatures.

Department/Division Chair <u></u>	Date <u>2/24/15</u>
Registrar <u></u>	Date <u>2/26/15</u>
College Curriculum Committee Chair <u></u> (or Dean if no college curriculum committee)	Date <u>3/13/15</u>
Graduate Council Chair _____	Date _____

NOTE: please complete information required on the following pages before obtaining signatures above.

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1. Current Catalog Description (if applicable): Please insert the catalog description from the current catalog for entries you would like to change. (May attach separate page if needed)

No catalog description

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2. Edits to current description: Attach a PDF copy of the current catalog description prepared in MS WORD with strikethroughs to mark proposed deletions and use the highlight function to indicate proposed new text.

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3. New Catalog Description: Provide a "clean" copy of your proposed description without strikethroughs or highlighting. This should be what you are proposing for the new description. (May attach separate page if needed)

N/A

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Please insert in the text box below your proposed change information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Type of change request:
Department:
Degree program:
Effective date (*Fall/Spring/Summer, Year*)

Type of change request: VARIABLE CREDIT HOURS
Department: NURSING
Degree program: MSN
Effective date (Fall, 2015)