New Course Request

Indiana University
South Bend Campus

Check Appropriate Boxes:
- Undergraduate credit [ ]
- Graduate credit [ ]
- Professional credit [ ]

1. School/Division: NURS/DMNP (CHSC)
2. Academic Subject Code: NURS

3. Course Number: F576 (must be cleared with University Enrollment Services)
4. Instructor: T. Bobrzykowski

5. Course Title: Primary Health Care Nursing of Women
Recommended Abbreviation (Optional): Primary Care Women

6. First time this course is to be offered (Semester/Year): Summer 1 + 2/2010

7. Credit Hours: Fixed at __3__ or Variable from ___________ to ___________

8. Is this course to be graded S-F (only)? Yes [ ] No [x]

9. Is variable title approval being requested? Yes [ ] No [x]

10. Course description (not to exceed 50 words) for Bulletin publication: This course enables students to develop a knowledge base for clinical decision-making in the assessment and provision of primary health care for women and families. Topics include health promotion/maintenance, disease prevention, diagnosis and treatment of common acute and chronic illnesses in women.

11. Lecture Contact Hours: Fixed at __30/session__ or Variable from ___________ to ___________

12. Non-Lecture Contact Hours: Fixed at __75/session__ or Variable from ___________ to ___________

13. Estimated enrollment: __15__ of which __100__ percent are expected to be graduate students.

14. Frequency of scheduling: __1/year__

15. Will this course be required for majors? [ ] Yes

16. Justification for new course: Required course for new MSN Family Nurse Practitioner major

17. Are the necessary reading materials currently available in the appropriate library? [ ] Yes

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by:

[Signature]
Department Chairman/Division Director

Date: 2/11/09

[Signature]
Dean of Graduate School (when required)

Date: 6/30/09

Approved by:

[Signature]
Dean

Date: 2/11/09

[Signature]
Chancellor/Vice-President

Date: 7/15/09

[Signature]
University Enrollment Services

Date: 7/27/09

[Signature]
University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow; Department/Division—Pink; University Enrollment Services Advance—White