

**Curriculum Approval/Modification Tracking Form**

* **Purpose:** The purpose of this form is to guide faculty through the process of developing a new course/program or modifying an existing course or program.
* **Notes for Faculty Initiator:**
	+ First, does your proposed change include everything it is supposed to include (see Appendix A at the end of this document)?
	+ Each of the following steps must be completed in order.
	+ Submit this form, along with all supporting documentation to the committee chair and support person at least one week in advance of the meeting in each step, so that you can get on the agenda.
	+ You will be responsible for ushering the paperwork through the committee structure. Once your proposal passes at each level, record the date of the vote, obtain the chair’s signature, and then forward all materials (including this form) tothe Chair in the next step.
	+ Once your proposal passes through the Schoolwide Curriculum and Evaluation committee, that Committee’s Chair will forward your proposal to the Dean’s office to add to the Faculty Meeting agenda.
	+ Please note that modifications requiring university approval are likely to take a ***full year*** to plan, approve, and implement.

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| **STEP 1 (Faculty Initiator)** |
| **Faculty Initiator (name)** |  |
| **Division** |  |
| ***Summary and Rationale of Proposed Change(s)*** |
| **STEP 2 (Faculty Initiator and Associate Dean)** |
| ***Does this request require University-level approval? Coordinate with the Associate Dean and/or Registrar in responding to this question.******If no, proceed with Step 3. If yes, establish a process for submitting documents to the university level, then proceed with Step 3.*** |
| **STEP 3 (Faculty Initiator)** |
| **Review by the Divisional Committee**  | [ ] Proposed changes accepted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)[ ] Proposed changes rejected\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)[ ] Proposed changes returned for Modification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)*Additional Comments*:Committee Chair:Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **STEP 4 (Faculty Initiator)** |
| **Review by Divisional Faculty** | [ ] Proposed changes accepted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)[ ] Proposed changes rejected\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)[ ] Proposed changes returned for Modification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)*Additional Comments*:Divisional Dean:Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **STEP 5 (Faculty Initiator)** |
| **Review by Committee on Curriculum and Evaluation** | [ ] Proposed changes accepted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)[ ] Proposed changes rejected\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)[ ] Proposed changes returned for Modification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)*Additional Comments*:Committee Chair:Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **STEP 6 (Faculty Initiator)** |
| **Review by** **Full Faculty** | [ ] Proposed changes accepted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)[ ] Proposed changes rejected\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)[ ] Proposed changes returned for Modification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)*Additional Comments*:Divisional Dean:Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **STEP 7 (Faculty Initiator and Associate Dean)** |
| **Submission of approved packet to university, if applicable** | **For requests that require University-level approval:** The Faculty Initiator, Associate Dean, and Registrar will meet to initiate all processes to obtain university-level approval (as agreed in Step 2, above). |

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| **STEP 8 Post-approval Implementation (Divisional Dean)** |
| **Implementation** | Has this completed packet been sent to the Registrar? | [ ] Yes; [ ] No; [ ] Not applicable |
| Has the syllabus been updated and submitted to the:1. Jeannette Manchester (CEIQ)
2. The Registrar and
3. The Associate Dean?
 | [ ] Yes; [ ] No; [ ] Not applicable |
| Have the plan(s) of study and curriculum sheet(s) been updated and submitted to the registrar and Associate Dean? | [ ] Yes; [ ] No; [ ] Not applicable |
| Has the new documentation been posted on the website? | [ ] Yes; [ ] No; [ ] Not applicable |
| Has the programmatic webpage been updated? | [ ] Yes; [ ] No; [ ] Not applicable |
| Have the preceptor/clinical forms been updated? | [ ] Yes; [ ] No; [ ] Not applicable |
| Have the new forms been given to the clinical faculty? | [ ] Yes; [ ] No; [ ] Not applicable |
| Has the change been made in Exxat? | [ ] Yes; [ ] No; [ ] Not applicable |
| Has Admissions been informed? | [ ] Yes; [ ] No; [ ] Not applicable |
| Have the affected students been informed? | [ ] Yes; [ ] No; [ ] Not applicable |

**Appendix A: Check List for All Proposed Curricular Changes**

[ ]  Does the partial syllabus include the following components (at a minimum):

[ ]  Course Title

[ ]  Clinical Hours

[ ]  Pre/Co-Requisites

[ ]  Course Description

[ ]  Course Objectives/Student Learning Outcomes

[ ]  Topical Outline

[ ]  Assignments

[ ]  Does the course align with 2021 AACN domains?

[ ]  Identify the domains that are represented in the course objectives.

[ ]  Identify the assignments used to meet the identified domains/objectives

[ ]  Identify which program outcomes are met by the course objectives.

[ ]  Does this course meet the Division’s, School’s and the University’s DEI objectives?

[ ]  Are there any typos or grammatical errors?

**Appendix B: School of Nursing Typical Monthly Meeting Timeline**

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| **Meeting** | **Date (Baccalaureate Division)** | **Date (Advanced Nursing Practice Division)** |
| **Divisional Committee** | 1st Monday of the Month | 3rd Monday of the Month |
| **Divisional Faculty Meeting** | 1st Monday of the Month | 1st Monday of the Month |
| **Curriculum & Evaluation Committee** | 2nd Monday of the Month |
| **Full Faculty Meeting** | 4th Monday of the Month |

\*Please note that meeting dates can vary from this schedule; always check in advance to confirm.