

Request for a Revised Course
Valdosta State University

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NOV 15 2008

VALDOSTA STATE UNIVERSITY
GRADUATE SCHOOL

Date of Submission: 8/21/2008 (mm/dd/yyyy)

Department Initiating Request: College of Nursing

Faculty Member Requesting Revision: Maria Whyte, DHsC

Justification: Select one or more of the following to indicate why the revised course will be beneficial and give justification. Please include or append relevant supporting data.
(box expands indefinitely)

Improving student learning outcomes:

Adopting current best practice(s) in field:

...

Approvals: (Print out for signatures & dates)

Dept. Head(s) Jan Jangle Date 11-4-08

Dean(s)/Director(s) Anita Hufft Date 11-6-08

College Exec. Comm. Anita Hufft Date 11-6-08

Graduate Exec. Comm. Paul Allen Date 11-6-08

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Date of Submission: 8/21/2008 (mm/dd/yyyy)

**VALDOSTA STATE UNIVERSITY
GRADUATE SCHOOL**

Department Initiating Request: College of Nursing

Faculty Member Requesting Revision: Maria White, DNP

Justification: *Select one or more of the following to indicate why the revised course will be*

Approvals: (Print out for signatures & dates)

Dept. Head(s) Joe Finkle

Date 11-4-08

Dean(s)/Director(s) Anita A. Huff

Date 11-6-08

College Exec. Comm. _____

Date _____

Graduate Exec. Comm. Karl Christ

Date 11-1-08

