



NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
H. Martin Lancaster, President

November 9, 2006

RESPONSE DEADLINE: November 30, 2006

MEMORANDUM

TO: Select Chief Academic Officers

FROM: Delores A. Parker, Vice President
Academic and Student Services

SUBJECT: Requested Revision in *Combined Course Library* Course

The System Office has received a request to revise the following course contained in the *Combined Course Library*:

SUR 210 Adv SUR Clinical Practice

Attached is a form requesting your approval or disapproval of the proposed change. ***Please complete and return the form to Kim Jernigan by November 30, 2006.*** You may fax your response to (919) 807-7164. Once the responses have been received at the System Office, the request will be presented to the Curriculum Review Committee for action at their March meeting.

Thank you for your prompt attention to this matter. If you have questions, please contact Kim Jernigan at (919) 807-7118 or jernigank@nccommunitycolleges.edu.

DAP/swj
Attachment
c: Select Presidents
Kim Jernigan

SO6-043
Email

College Recommendation
Course Revision Request
SUR 210 Adv SUR Clinical Practice

Current Course Information:

SUR 210	Adv SUR Clinical Practice	0	0	6	2
Prerequisites:	SUR 137				
Corequisites:	SUR 211				

This course is designed to provide individualized experience in advanced practice, education, circulating, and managerial skills. Emphasis is placed on developing and demonstrating proficiency in skills necessary for advanced practice. Upon completion, students should be able to assume leadership roles in a chosen specialty area.

Proposed Corequisite: *None*

Rationale of Requesting College: *Removing the SUR 211 corequisite requirement will allow more flexibility in student scheduling of courses without compromising student success in either SUR 210 or SUR 211.*

_____ We have reviewed the proposed revision and **recommend** the adoption of this change for **SUR 210** for the following reasons(s):

_____ We concur with the rationale of the requesting college

_____ Other: _____

_____ We have reviewed the proposed revision and **do not recommend** the adoption of this change for **SUR 210** for the following reason(s):

_____ We do not offer **SUR 210** and wish to decline from making a recommendation.

College: _____

Signature of President: _____ **Date:** _____

Please return this form by **November 30, 2006** to:

Kim Jernigan, Program Coordinator
Health Sciences, Program Services
NC Community College System
5016 Mail Service Center
Raleigh, NC 27699-5016
Fax Number: (919) 807-7164