

KINGSBOROUGH COMMUNITY COLLEGE
The City University of New York

CURRICULUM DATA TRANSMITTAL SHEET

DEPARTMENT NURSING DATE 9-18-2014

Title of Course or Degree: Surgical Technology ST5P

Change(s) Initiated: (Please check)

- | | |
|---|---|
| <input type="checkbox"/> Closing of Degree | <input type="checkbox"/> Change in Degree or Certificate Requirements |
| <input type="checkbox"/> Closing of Certificate | <input type="checkbox"/> Change in Degree Requirements (adding concentration) |
| <input type="checkbox"/> New Certificate Proposal | <input checked="" type="checkbox"/> Change in Pre/Co-Requisite |
| <input type="checkbox"/> New Degree Proposal | <input type="checkbox"/> Change in Course Designation |
| <input type="checkbox"/> New Course | <input type="checkbox"/> Change in Course Description |
| <input type="checkbox"/> New 82 Course | <input type="checkbox"/> Change in Course Titles, Numbers, Credits &/or Hours |
| <input type="checkbox"/> Deletion of Course | <input type="checkbox"/> Change in Academic Policy |
| <input type="checkbox"/> other (please describe): _____ | |

PLEASE ATTACH PERTINENT MATERIAL TO ILLUSTRATE AND EXPLAIN ALL CHANGES

I. DEPARTMENTAL ACTION

Action by Department and/or Departmental Committee, if required:

Date approved 9/19 Signature, Committee Chairperson: Bridget Wick

Signature, Department Chairperson: Bridget Wick

II. PROVOST ACTION

Provost to act within 30 days of receipt and forward to College-wide Curriculum Committee exercising one of the following options:

- F. Approved B. Returned to department with comments

Recommendations (if any): _____

CURRICULUM SUB-COMMITTEE RECOMMENDATIONS:

- F. Approved B. Tabled (no action will be taken by Curriculum Committee)

Recommendations (if any): _____

Signature, Sub-Committee Chair: _____ Date: _____

IV. COLLEGE-WIDE CURRICULUM COMMITTEE ACTION

Committee to act within 30 days of receipt, exercising one of the following options:

- A. Approved (forwarded to Steering Committee)
B. Tabled (Department notified)
C. Not approved (Department notified)

Signature, Chairperson of Curriculum Committee _____ Date: _____

Rationale:

The objective of this Curriculum Data Transmittal Sheet is to change the language of the catalog to reflect the accurate pre or co-requisites of the course, ST 5P in the Surgical Technology Program and to be consistent with the student handbook and website. Students must take BIO 51 either prior to or with ST 5P00 for a fuller understanding of the course material. The following is the catalog description with revisions:

FOM:

ST 5P00 - PRACTICUM III

Continuation of individualized experiences in practice in the field. Emphasis is placed on demonstrating proficiency in skills necessary for participating in the advanced specialties.

Prerequisite: ST 400, ST 4P00

Corequisite: ST 500

TO:

ST 5P00 - PRACTICUM III

Continuation of individualized experiences in practice in the field. Emphasis is placed on demonstrating proficiency in skills necessary for participating in the advanced specialties.

Prerequisite: ST 400, ST 4P00

Corequisite: ST 500

Pre/Co requisite: BIO 51