

**UNDERGRADUATE COUNCIL**  
**Request for Change(s)**

Originating unit requesting change

Type of Change requested:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Course number(s)   | <input type="checkbox"/> Course prerequisite(s) |   |
| <input type="checkbox"/> Course title       | <input type="checkbox"/> Drop course(s)         | <input type="checkbox"/> Program description  |
| <input type="checkbox"/> Course description | <input type="checkbox"/> Drop program(s)        | <input type="checkbox"/> Program requirements |

Semester and year change(s) take effect:

Appropriate computer abbreviation if  
course title is more than 30 spaces:

Briefly summarize the change requested:

**Programs Only**

Program Name: \_\_\_\_\_

Current Code: \_\_\_\_\_ Proposed New Code (list 2): \_\_\_\_\_ or \_\_\_\_\_  
(ex: INDE-BFA)

Can have second major: \_\_\_\_ Yes \_\_\_\_ No

Current 6-digit CIP Code: \_\_\_\_\_

Does the change require a new or change in CIP code? \_\_\_\_ Yes \_\_\_\_ No

If yes, what is the proposed 6-digit CIP code? \_\_\_\_\_

\*for reference, please visit: <https://nces.ed.gov/ipeds/cipcode/resources.aspx?y=56>

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## Catalog copy

Present catalog copy (paste-up from catalog is acceptable).

Proposed change(s). (Include exact catalog copy as desired. Underline changes)

### Accelerated Nursing

TCU Nursing offers an accelerated BSN track. The 19-month course of study (five consecutive semesters) is full time and in person with coursework beginning in June ~~August~~ of each year. Admission is competitive based on academic record, entrance exam scores, and completion of all prerequisite courses, and completion of a majority of core curriculum. Students must also comply with other admission requirements listed above. Those interested should contact TCU Nursing for admission requirements unique to this program.

1. What is the justification for the change(s) requested?
2. If applicable, explain how the change(s) will affect the current program outcomes and assessment mechanisms.
3. **Faculty Resources:** How will the unit provide faculty support for this change and any other impact this change may have on other current departmental listings.

4. **Educational Resources:** Will this change require additional resources not currently available (e.g. space, equipment, library, other)? ☐ YES  
If yes, list additional resources needed. ☐ NO

5. If this change affects other units of the University, include a statement signed by the chairperson(s) of the affected unit(s).
6. If cross-listed, provide evidence of approval by all curriculum committees appropriate to both the originating and cross-listed units.

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Approval signature of chairperson of originating unit