Please complete this form and attach a copy of the syllabus for new courses. Forward it as an email attachment to the Secretary of the Graduate Council. A printed copy of the form with signatures should be brought to the Graduate Council Meeting. Complete the Coordinator Form on page 2, if changes in this course will affect other units.

Please indicate: _____ NEW   ___ X__ MODIFY   _____ DELETE

Local Unit: CNHS  Graduate Council Approval Date:

Course Abbreviation: NURS 750  Course Number: NURS 750

Full Course Title: Legal Issues Relevant to Healthcare Administration

Abbreviated Course Title (24 characters max.): Legal Issues Healthcare

Credit hours: 3  Program of Record:

Repeatable for Credit?  ___ D=Yes, not within same term  Up to hours  ___ T=Yes, within the same term  Up to hours  _N_ N=Cannot be repeated for credit

Activity Code (please indicate):  ___ Lecture (LEC)  ___ Lab (LAB)  ___ Recitation (RCT)  ___ Studio (STU)  ___ Internship (INT)  ___ Independent Study (IND)  ___ Seminar (SEM)

Catalog Credit Format  3:3:0  Course Level: GF(500-600)   ___ GA(700+)  ___

Maximum Enrollment: 20  For NEW courses, first term to be offered:

Prerequisites or corequisites:

Catalog Description (35 words or less)  Please use catalog format and attach a copy of the syllabus for new courses.:
This course prepares health professionals to understand legal principles, statutes, regulations, and case law related to the management of health care organizations and health professional’s practice. Students may compare legal health care issues from domestic and international perspectives.

For MODIFIED or DELETED courses as appropriate:
Last term offered: Spring, 2005  Previous Course Abbreviation: same  Previous number: same

Description of modification:
Addition of opportunity for students to compare legal health care issues from domestic and international perspectives.

APPROVAL SIGNATURES:
Submitted by: ________________________________ email: __________________
Department/Program: ________________________________ Date: __________________
**Approval from other units:**

Please list those units outside of your own who may be affected by this new, modified, or deleted course. Each of these units must approve this change prior to its being submitted to the Graduate Council for approval.

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Graduate Council approval: ____________________________ Date: ____________

Graduate Council representative: ____________________________ Date: ____________

Provost Office representative: ____________________________ Date: ____________