

KINGSBOROUGH COMMUNITY COLLEGE  
The City University of New York

CURRICULUM DATA TRANSMITTAL SHEET

DEPARTMENT NURSING DATE 8-28-14

Title of Course or Degree: NUR 1700 Calculations For Medication Administration

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 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 checked="" 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 1/23/14 Signature, Committee Chairperson: Tamara Bellomo

Signature, Department Chairperson: Jessy Weeks

**II. PROVOST ACTION**

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

- A. Approved  B. Returned to department with comments

Recommendations (if any): \_\_\_\_\_

Signature, Provost: \_\_\_\_\_ Date: \_\_\_\_\_

**III. CURRICULUM SUB-COMMITTEE RECOMMENDATIONS:**

- A. 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: \_\_\_\_\_

Department of Nursing  
Change in Academic Policy

FROM	TO
Students must achieve a grade of "B" in order to pass NUR 1700.	Students must achieve a grade of "B" in order to pass NUR 1700. Students in NUR 17 who achieve a failing grade of no less than C- may repeat the course one time only after submitting an intent to return form.

Students who receive a grade of less than a C- in NUR 1700, Calculations for Medication Administration have an increased risk of failing additional clinical Nursing courses. Additionally, as this course is essential to the safe administration of medications to our patients in the community, a strong foundation in dosage calculation is vital.