

KINGSBOROUGH COMMUNITY COLLEGE
The City University of New York

CURRICULUM DATA TRANSMITTAL SHEET

DEPARTMENT Nursing DATE 9/22/14

Title of Course or Degree: AAS in Polysomnographic Technology

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 type="checkbox"/> Change in Academic Policy |
| <input checked="" type="checkbox"/> Other (please describe): <u>Retention Criteria</u> | |

PLEASE ATTACH PERTINENT MATERIAL TO ILLUSTRATE AND EXPLAIN ALL CHANGES

I. DEPARTMENTAL ACTION

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

Date approved _____ Signature, Committee Chairperson: _____

Signature, Department Chairperson: _____

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 [Signature] Date: 9-29-14

Fall 2014 Curriculum Committee

Polysomnographic Technology Retention Criteria Changes:

FROM:

NONE

TO:

Retention criteria

Criteria for retention in the Polysomnographic Technology Program mandates that students:

1. Receive no more than two grades below "C" in any of the general education pre-requisite courses.
2. Earn a minimum of "C" in all Polysomnographic Technology (PSG) courses.
3. Earning less than a "C" grade in a PSG course may repeat the course ONE TIME (subject to space availability) and must earn at least a grade of "C" in the repeated course.
4. Earning a grade of less than "C" in any repeated PSG course will be dismissed from the Polysomnographic Technology Program.

Any student who has not attended PSG courses for two or more consecutive semesters cannot be readmitted into the Polysomnographic Technology Program unless qualifying examinations have been passed in sequential order of the course previously completed. These qualifying examinations can be repeated only once. In addition, the student must demonstrate clinical competency by passing a clinical practical examination prior to returning to any of the clinical courses.

RATIONALE:

After careful review of the curriculum requirements, the retention criteria will ensure that qualified students remain in the program and therefore maintain integrity and academic rigor of this new program.