



### Piloting a New Elective Course

A faculty member may develop and propose a new elective course offering by completing the required actions and procedures described below.

#### Procedure

1. Create the desired elective, following the current SON syllabus template which must include at a minimum the course description and objectives. Template located: [www.nursing.virginia.edu/people](http://www.nursing.virginia.edu/people).
2. **Discuss the elective and the rationale for offering it with the Program Director, Department Chair, and Associate Dean for Academics.**
3. Present the new elective course proposal to the appropriate program committee for review, feedback, and temporary approval prior to the initial offering.
4. Obtain signatures from Program Director, Department Chair, and the Associate Dean for Academics. Please note: signatures from Program Director and Chair are required **prior** to submitting to the Associate Dean.
5. Meet with the SON Registrar for timing of the course offering and deadline for being entered into the class schedule. Please note: the course schedule for the fall semester is set early February and the course schedule for the spring semester is set early September.
6. Work with the department administrative assistant to announce/advertise the elective.
7. Any faculty member who wishes to initiate and teach an elective course may do so **one time** without prior Faculty Organization approval. Once the elective has been offered one time it may not be offered again without formal approval of the appropriate program committee and the Faculty Org.

Submit this form with signatures **along with the syllabus** (minimum: course description and objectives) to the SON Registrar prior to the announcement of the new course.

Course Elective Name: \_\_\_\_\_

Name of Course Faculty Member: \_\_\_\_\_

Course Faculty Member Funded by: \_\_\_\_\_

BSN    MSN\*    DNP    PhD

Course Level (check all that apply): \*If MSN, do you want undergrads to be able to enroll as well?  Yes  No

Anticipated Semester and Year for Pilot: \_\_\_\_\_

Anticipated Semester and Year for Initiating FULL Approval of Faculty Org.: \_\_\_\_\_

Approved by the Appropriate Academic Program Committee on (Date): \_\_\_\_\_

Signature of Course Faculty or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Assoc. Dean of Academics: \_\_\_\_\_ Date: \_\_\_\_\_

Received by SON Registrar (Signature): \_\_\_\_\_ Date: \_\_\_\_\_