

MACON STATE COLLEGE
COURSE PROPOSAL
FORM A

Revised 2/10/2012

RESP-Of-AA-2012-2013
FOR OFFICE USE ONLY

ctions: All course proposals must be signed by the Chair or Dean and submitted to the Provost. Proposals should be accompanied by the
or Dean's summary cover sheet and should be submitted in paper version with unit signature(s).

FACULTY INITIATING REQUEST

Charles Matson

SUBMISSION DATE:

June 26, 2012

SCHOOL/DEPARTMENT

School of Nursing and Health Sciences

COURSE DESIGNATION:

RESP

COURSE NUMBER:

2203

Mechanical

ventilation

ESTIMATED DATE:

2012

EXPECTED SEMESTER ENROLLMENT:

20

CREDIT HOURS:

4

LECTURE HOURS:

3

LABORATORY HOURS:

3

APPROVED:

[Signature]

DATE:

6-26-12

APPROVED:

[Signature]
Chair/Dean

DATE:

8/29/12

Faculty Member

Chair of Academic Affairs Committee
(Signature authorizes Catalog)

Associate Provost

[Signature]
Provost

9/17/12

Date of Faculty Senate Approval

Board of Regents Approval

YES NO

If approval required, date:

