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	Justification: Select one or more of the following to indicate why the revised course will be
	beneficial and give justification. Please include or append relevant supporting data.
	(box expands indefinitely)
	Improving student learning outcomes:
	Adopting current best practice(s) in field:
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Approvals: (Print out for signatures & dates) Dept. Head(s) Jan Jegle

Dean(s)/Director(s) Quita Hufft

College Exec. Comm. Quita Nufft

Graduata Exac Comm Date Date Date 11- 6-08 11/2/20

Request for a Revised Course

Valdosta State University

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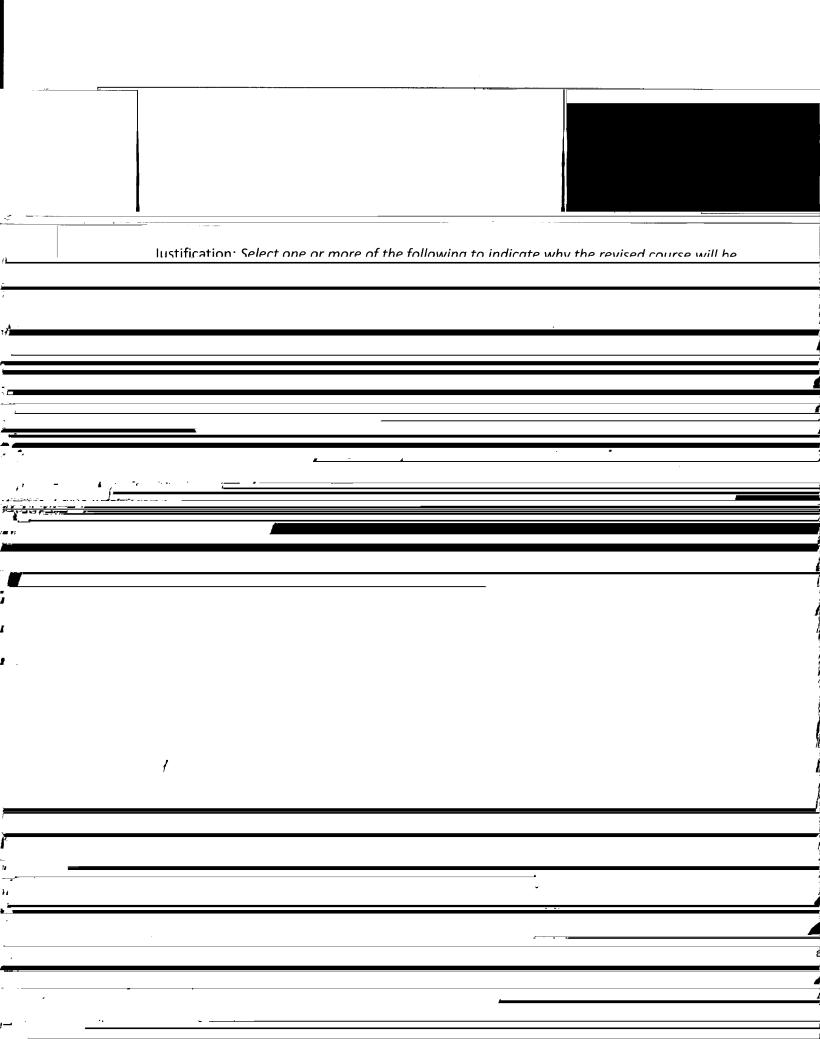
NOV U 5 2008

Date of Submission: 8/21/2008 (mm/dd/yyyy)

Department Initiating Request: College of Nursing

VALDOSTA STATE UNIVERSITY GRADUATE SCHOOL

Current Course Title: Advanced Nursing for Health Restoration of Adults: Lab



	Approvals: (Print out for signatures & dates)	
	Dept. Head(s)	Date
	Dept. Head(s)	Date $11 - 4 - 68$ $11 - 6 - 08$
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