



SOUTH DAKOTA BOARD OF REGENTS
ACADEMIC AFFAIRS FORMS
New Course Request

USD	SSOM	
Institution	Division/Department	
<i>Elizabeth M. Freeburg</i>		11/13/2017
Institutional Approval Signature		Date

Section 1. Course Title and Description

Prefix & No.	Course Title	Credits
IMC 735	Cultural Immersion Experience	1.0

Course Description	<p>This course will allow medical students to learn about various cultures during a weeklong immersion experience. Students will learn about healthcare delivery issues that are unique to the diverse cultures represented in South Dakota communities across the state. All students will visit a Hutterite colony and then individually select a cultural community and experience that community through a three-day immersion experience.</p>
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Pre-requisites or Co-requisites N/A

Registration Restrictions

Med Course Level Check [URMEDLV]

Section 2. Review of Course

2.1. Was the course first offered as an experimental course?

- Yes (if yes, provide the course information below) No

2.2. Will this be a unique or common course (place an "X" in the appropriate box)?

If the request is for a unique course, verify that you have reviewed the common course catalog via Colleague and the system [Course Inventory Report](#) to determine if a comparable common course already exists. List the two closest course matches in the common course catalog and provide a brief narrative explaining why the proposed course differs from those listed. If a search of the common course catalog determines an existing common course exists, complete the Authority to Offer an Existing Course Form.

Unique Course

Prefix & No.	Course Title	Credits
NURS 484	Transition to Practice and Clinical Immersion	6
FAMP 816	Native American Health Care	1-4

Provide explanation of differences between proposed course and existing system catalog courses below:

Based on the course descriptions and/or programs involved, the proposed course is a unique immersion experience.
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Section 3. Other Course Information

3.1. Are there instructional staffing impacts?

- No.** Schedule Management, explain below: Existing faculty is adequate with a change in workload.

- 3.2. Existing program(s) in which course will be offered: U Med
- 3.3. Proposed instructional method by university: G-Clinical Experience
- 3.4. Proposed delivery method by university: 001 Face to face
- 3.5. Term change will be effective: Summer 2018
- 3.6. Can students repeat the course for additional credit?
 Yes, total credit limit: _____ No
- 3.7. Will grade for this course be limited to S/U (pass/fail)?
 Yes No
- 3.8. Will section enrollment be capped?
 Yes, max per section: _____ No
- 3.9. Will this course equate (i.e., be considered the same course for degree completion) with any other unique or common courses in the common course system database in Colleague and the [Course Inventory Report](#)?
 Yes No
- 3.10. Is this prefix approved for your university?
 Yes No

Section 4. Department and Course Codes (Completed by University Academic Affairs)

- 4.1. University Department Code: UMED
- 4.2. Proposed [CIP Code](#): 51.1202

Is this a new CIP code for the university? Yes No