|  |  |  |  |
| --- | --- | --- | --- |
| Date request submitted |  | | |
| Name of faculty member submitting request |  | | |
| Name of lead faculty member for the course |  | | |
| Does the lead faculty member approve this request? | YES \_\_\_\_\_ NO\_\_\_\_\_ NA\_\_\_\_\_ | | |
| For what course will this text/resource be required? | **NURS** \_\_\_\_\_\_ | **Course Title:** | |
| Semester/Year plan to begin using proposed text/resource |  | | |
|  | | | |
| **Textbook Change Request** | **Current Text** | | **Proposed Text** |
| Author(s) |  | |  |
| Title of textbook/resource |  | |  |
| DOI: |  | |  |
| Publication date |  | |  |
| Cost |  | |  |
| Publisher |  | |  |
| Web-based resources  Type: | **YES \_\_\_\_\_ NO\_\_\_\_\_\_** | | **YES \_\_\_\_\_ NO\_\_\_\_\_\_** |
| Is the current text required and/ or foundational for another course? | YES \_\_\_\_\_ NO\_\_\_\_\_\_ | | YES \_\_\_\_\_ NO\_\_\_\_\_\_ |
| If so, list other courses and content used. |  | |  |
| Lead faculty member of each course |  | |  |
| How will the new text meet these needs? |  | |  |
| **Please briefly outline your reasons for wanting to change/adopt this text.**  (Accuracy, current, relevant, organization, visual appeal, ease of understanding, diagrams, figures, size) |  | |  |
|  | | | |
| **Additional Information** | **Current Text** | | **Proposed Text** |
| Have you discussed your request to change this text with course faculty who may be impacted by this change?  List all course faculty members | YES \_\_\_\_ NO\_\_\_\_ NA\_\_\_\_ | | YES \_\_\_\_ NO\_\_\_\_\_ NA\_\_\_\_ |
| What were their comments/concerns? |  | |  |
| Have you discussed your request to change this text with other course faculty who use or refer to the current text in their course?  List faculty members | YES \_\_\_\_ NO\_\_\_\_\_ NA\_\_\_\_ | | YES \_\_\_\_ NO\_\_\_\_\_ NA\_\_\_\_ |
| What were their comments/concerns? |  | |  |
| **Committee comments below:** | | | |
| Date received by CIC Chair |  | | |
| Date discussed by CIC committee |  | | |
| Committee decision: Approved | YES\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Recommendations/comments:** | | | |
|  | | | |
| Faculty member (name) notified of decision |  | | |
| **Date** |  | | |

**\*\*\*\*Send a copy of this request via email to the CIC Chair.**