**COURSE PREFIX and NUMBER: NURS 13** 

**COURSE TITLE: Leadership, Delegation and Management** 

**INSTRUCTIONAL AREA: HEALTH AND WELLNESS** 

## **Course Outline of Record Approval**

Title	Signature	Date
Originating Faculty		
Learning Area Curriculum Representative		
WHCL Articulation Officer (transfer courses	only)	
WHCL Chief Instructional Officer		
WHCL Curriculum Chair		
WHCCD Administrative Representative		
WHCCD Board of Trustees Approval (no signature required)		
WHCL Approval Verification:		
Print Name	Signature	