

COURSE PREFIX and NUMBER: NURS 7L
COURSE TITLE: Intermediate Medical Surgical Nursing III Lab
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	Date