

**COURSE PREFIX and NUMBER: NURS 8**  
**COURSE TITLE: Nursing Care of Children and Families**  
**INSTRUCTIONAL AREA: HEALTH AND WELLNESS**

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**Course Outline of Record Approval**

<b>Title</b>	<b>Signature</b>	<b>Date</b>
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