# Substantive Change: Change in Program Mission, and/or Goals

## General Information

**Submission Date:**

**Name of Institution:**

**Summary of Substantive Change:**

In one to two sentences, please describe the substantive change being addressed in the notification:

|  |
| --- |
| Insert text here. |

**Degree Program(s) Affected:**

|  |  |
| --- | --- |
|  | Baccalaureate |
|  | Master’s |
|  | Doctor of Nursing Practice |
|  | Post-Graduate APRN Certificate |

## Enrollments and Campus Locations

Regardless of which program(s) are affected by the substantive change, please identify all baccalaureate, master’s, Doctor of Nursing Practice, and post-graduate APRN certificate tracks offered by the nursing unit. For each track, list current enrollment data. The institution may add or delete rows in the following tables as necessary.

**Baccalaureate Program**

|  |  |
| --- | --- |
|  | The institution does not offer a baccalaureate degree program in nursing. |

*Only include nursing students (not pre-nursing students).*

|  |  |  |  |
| --- | --- | --- | --- |
| Track(s) | Year Track Became Operational | # Students Enrolled | Locations/Campuses Offered |
| Generic/Traditional/Pre-licensure |  |  |  |
| RN-BSN/Post-licensure |  |  |  |
| Second Career/Fast Track/Accelerated |  |  |  |
| Other *(specify)*: |  |  |  |

**Master’s Program**

|  |  |
| --- | --- |
|  | The institution does not offer a master’s degree program in nursing. |

|  |  |  |  |
| --- | --- | --- | --- |
| Track(s) | Year Track Became Operational | # Students Enrolled | Locations/Campuses Offered |
| Track Name: |  |  |  |
| Track Name: |  |  |  |
| Track Name: |  |  |  |

**Doctor of Nursing Practice Program**

|  |  |
| --- | --- |
|  | The institution does not offer a Doctor of Nursing Practice program. |

|  |  |  |  |
| --- | --- | --- | --- |
| Track(s) | Year Track Became Operational | # Students Enrolled | Locations/Campuses Offered |
| Track Name: |  |  |  |
| Track Name: |  |  |  |
| Track Name: |  |  |  |

**Post-Graduate APRN Certificate**

|  |  |
| --- | --- |
|  | The institution does not offer a post-graduate APRN certificate program. |

|  |  |  |  |
| --- | --- | --- | --- |
| Track(s) | Year Track Became Operational | # Students Enrolled | Locations/Campuses Offered |
| Track Name: |  |  |  |
| Track Name: |  |  |  |
| Track Name: |  |  |  |

***Please note:*** *This cover sheet cannot be used for the submission of self-study documents or continuous improvement progress reports*.

## Notification

Identify which document(s) have been revised:

|  |  |
| --- | --- |
|  | Program Mission |
|  | Goals |

Provide an overview of the change:

|  |
| --- |
| Insert text here. |

Describe how the mission, goals, and expected program outcomes are congruent with those of the parent institution:

|  |
| --- |
| Insert text here. |

Describe how the changes to the mission, goals, and expected program outcomes have affected **fiscal resources** (Key Element II-A), if at all:

|  |
| --- |
| Insert text here. |

Describe how the changes to the mission, goals, and expected program outcomes have affected **physical resources** (Key Element II-B), if at all:

|  |
| --- |
| Insert text here. |

Describe how the changes to the mission, goals, and expected program outcomes have affected **clinical site availability** (Key Element II-C), if at all:

|  |
| --- |
| Insert text here. |

Describe how the changes to the mission, goals, and expected program outcomes have affected **academic support services** (Key Element II-D), if at all:

|  |
| --- |
| Insert text here. |

Describe how the changes to the mission, goals, and expected program outcomes have affected **faculty resources** (Key Element II-F), if at all:

|  |
| --- |
| Insert text here. |