# Substantive Change:Suspension of Admissions to a Track or Program

## 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

Indicate whether the institution is:

|  |  |
| --- | --- |
| [ ]  | suspending admissions to a degree and/or certificate, or |
| [ ]  | suspending admissions to a track within a CCNE-accredited degree and/or certificate |

*The program may delete the section that does not apply. The program may not delete questions from within a section.*

### Section 1: Suspending Admissions to a Degree or Certificate Program

Identify the degree/certificate program that is suspending operations:

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

Provide a rationale for the suspension of admissions:

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

Provide the effective date of suspension of admissions:

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

Identify how many students are currently enrolled in the degree/certificate:

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

If students remain enrolled, describe the teach out plan for students. The teach out plan should address the anticipated completion date, if there will be any changes to curriculum or the plan of study (Standard III), and if there will be any changes to faculty and/or preceptors:

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

Please note that once students have been fully taught out, a separate notification must be submitted regarding the closure of the degree/certificate program.

### Section 2: Suspending Admissions to a Track/Concentration

Identify the degree/certificate program that the track(s)/concentration(s) are within:

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

Identify the track(s) that are being suspended:

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

Provide a rationale for the suspension of admissions:

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

Provide the effective date for the suspension of admissions:

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

Identify how many students are currently enrolled in the track(s):

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

If students remain enrolled, describe the teach out plan for students. The teach out plan should address the anticipated completion date, if there will be any changes to curriculum or the plan of study (Standard III), and if there will be any changes to faculty and/or preceptors:

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

Please note that once students have been fully taught out, a separate notification must be submitted regarding the closure of the degree/certificate program.