# Substantive Change: Change in Student Enrollment

## 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

The screening criteria that CCNE uses to determine enrollment growth year to year can be found in the CCNE [*Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs*](https://www.aacnnursing.org/Portals/42/CCNE/PDF/Procedures.pdf). They are:

* an enrollment of 1-10, and the program reports a 300% or greater increase from the prior year;
* an enrollment of 11-49, and the program reports a 200% or greater increase from the prior year;
* an enrollment of 50-499, and the program reports a 100% or greater increase from the prior year; or
* an enrollment of 500 or more, and the program reports a 50% or greater increase from the prior year.

However, programs are excluded from needing further review if:

* the growth results in a total enrollment of 10 or fewer students; or
* there is an overall enrollment growth of 10 or fewer students.

Identify the degree and track(s) that have experienced an increase in student headcount enrollment:

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

What was the enrollment in the prior year?

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

What is the current and/or projected enrollment?

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

Is this enrollment increase due to the addition of a new track?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If so, has that substantive change notification been submitted already?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable (enrollment growth not due to new track) |

If a substantive change notification regarding the addition of a new track has been submitted to CCNE, no additional reporting is necessary.

Is this enrollment increase due to an acquisition or merger of nursing programs?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If so, has that substantive change notification been submitted already?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable (enrollment growth not due to a merger or acquisition) |

If a substantive change notification regarding the merger or acquisition of a nursing program has been submitted to CCNE, no additional reporting is necessary.

Provide information about the increase in student enrollment:

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

Describe how the increase in enrollment will affect **fiscal resources** (Key Element II-A):

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

Describe how the increase in enrollment will affect **physical space and facilities** (Key Element II-B):

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

Describe how the increase in enrollment will affect **clinical site availability** (Key Element II-C):

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

Describe how the increase in enrollment will affect **faculty resources** (Key Element II-F), including whether additional faculty will be hired, or whether existing faculty will be utilized:

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

Discuss how the change in student enrollment will impact all existing CCNE-accredited nursing degree and/or certificate program(s):

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