

**Cover/Signature Page - Abbreviated Template/Abbreviated Template with Curriculum**

**Institution Submitting Request:** University of Utah

**Proposed Title:** Graduate Certificate in Adult/Gerontology Acute Care Nurse Practitioner

**Currently Approved Title:**

**School or Division or Location:** *College of Nursing*

**Department(s) or Area(s) Location:** *Graduate Nursing Program*

**Recommended Classification of Instructional Programs (CIP) Code<sup>1</sup> (for new programs):** *51.3814*

**Current Classification of Instructional Programs (CIP) Code (for existing programs):** *00.0000*

**Proposed Beginning Date (for new programs):** *08/24/2015 (Fall 2015)*

**Institutional Board of Trustees' Approval Date:** *01/13/2015*

**Proposal Type (check all that apply):**

Regents' General Consent Calendar Items		
<i>R401-5 OCHE Review and Recommendation; Approval on General Consent Calendar</i>		
SECTION NO.		ITEM
5.1.1	<input type="checkbox"/>	Minor*
5.1.2	<input type="checkbox"/>	Emphasis*
5.2.1	<input type="checkbox"/>	(CER P) Certificate of Proficiency*
5.2.3	<input checked="" type="checkbox"/>	(GCR) Graduate Certificate*
5.4.1	<input type="checkbox"/>	New Administrative Unit
	<input type="checkbox"/>	Administrative Unit Transfer
	<input type="checkbox"/>	Administrative Unit Restructure
	<input type="checkbox"/>	Administrative Unit Consolidation
5.4.2	<input type="checkbox"/>	Conditional Three-Year Approval for New Centers, Institutes, or Bureaus
5.4.3	<input type="checkbox"/>	New Center
	<input type="checkbox"/>	New Institute
	<input type="checkbox"/>	New Bureau
5.5.1	<input type="checkbox"/>	Out-of-Service Area Delivery of Programs
5.5.2	<input type="checkbox"/>	Program Transfer
	<input type="checkbox"/>	Program Restructure
	<input type="checkbox"/>	Program Consolidation
5.5.3	<input type="checkbox"/>	Name Change of Existing Programs
5.5.4	<input type="checkbox"/>	Program Discontinuation
	<input type="checkbox"/>	Program Suspension
5.5.5	<input type="checkbox"/>	Reinstatement of Previously Suspended Program
	<input type="checkbox"/>	Reinstatement of Previously Suspended Administrative Unit

*\*Requires "Section V: Program Curriculum" of Abbreviated Template*

**Chief Academic Officer (or Designee) Signature:**

I certify that all required institutional approvals have been obtained prior to submitting this request to the Office of the Commissioner.

*R. Watkins*  
Signature

*1-18-15*

Date: *MM/DD/YEAR*

**Printed Name:** *Name of CAO or Designee*

*R. Watkins*

<sup>1</sup> CIP codes must be recommended by the submitting institution. For CIP code classifications, please see <http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55>.