

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

**Institution Submitting Request:** University of Utah  
**Proposed Title:** Graduate Certificate in Family 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):** 51.3805  
**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. W. [Signature]* *1-18-15*  
**Signature** **Date: MM/DD/YEAR**

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

*R. W. [Signature]*

<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>.