

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

Institution Submitting Request: University of Utah
Proposed Title: Graduate Certificate in Women's Health 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) Code¹ (for new programs): 51.3822
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 1-18-15
Signature **Date: MM/DD/YEAR**

Printed Name: Name of CAO or Designee

R. Watkins

¹ 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>.