

 <b>FLORIDA ATLANTIC UNIVERSITY</b>	<b>NEW/CHANGE PROGRAM REQUEST</b> <b>Graduate Programs</b>		UGPC Approval _____ UFS Approval _____ Banner Posted _____ Catalog _____
	Department Nursing College Nursing		
<b>Program Name</b> Psychiatric Mental Health Nurse Practitioner Concentration		<input type="checkbox"/> New Program <input checked="" type="checkbox"/> Change Program	<b>Effective Date</b> (TERM & YEAR) Summer 2019
<b>Please explain the requested change(s) and offer rationale below or on an attachment</b>  We are requesting a change in the application deadline for the Psychiatric Mental Health Nurse Practitioner concentration from July 1st to March 15th. The concentration starts each fall. The first cohort for this concentration was admitted fall 2017. We received University approval for the concentration spring 2017. To allow prospective students the opportunity to apply, we set a July 1st application deadline. We would now like to change the application deadline to March 15th to allow for earlier notification of acceptance. We potentially lose students due to the short time between notification of acceptance and the fall start date.			
<b>Faculty Contact/Email/Phone</b>  Joy Longo jlongo5@health.fau.edu 561-297-3389		<b>Consult and list departments that may be affected by the change(s) and attach documentation</b>	
<b>Approved by</b> Department Chair _____ College Curriculum Chair _____ College Dean _____ UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____		<b>Date</b> 2/11/19 2/7/19 2/11/19 _____ _____ _____ _____	

Email this form and attachments to [UGPC@fau.edu](mailto:UGPC@fau.edu) one week before the UGPC meeting so that materials may be viewed on the UGPC website prior to the meeting.