Program Proposal
Form B

Academic Group (College):
Health & Human Services

Date of Submission to College Dean:
January 8, 2010

Academic Organization (Department):
Nursing

Requested Effective: Fall_X__, Spring____, 2010____.

Department Chair: Ann Stoltz

Title of the Program (Please be specific; indicate minor, undergraduate or graduate degree, etc.):
Enter Level Master’s Program

Type of Program Proposal:

____ X____ Modification in Existing Program:

____ Substantive Change
____ Non-Substantive Change
____ X____ Deletion of Existing Program

_____ New Programs

____ Initiation (Projection) of New Program on to Master Plan
____ New Degree Programs

____ Regular Process
____ Fast Track Process
____ Pilot Process

____ New Minor, Concentration, Option, Specialization, Emphasis
____ New Certificate Program

PLEASE NOTE: Form B is to be used only as a Cover Form. Additional information is requested for each of the above as noted in the corresponding procedure in the Policies and Procedures for Initiation, Modification, Review and Approval of Courses and Academic Programs found at http://www.csus.edu/umanual/acad.htm

Briefly describe the program proposal (new or change) and provide a justification.

The Entry Level Master’s Program has not admitted students in the past three years and given the current budget situation, will not be admitting students in the years to come. Because it is still in the catalog, students assume that it is being offered and are disappointed when they find out that it is not. Even if we were to offer it again in the future, it would require major revisions.

Approvals:

Department Chair: Ann Stoltz Date: 2-16-2010

College Dean: Patricia Clarke-Ellis Date: 2-16-2010

University Committee: Date:

Associate Vice President and Dean for Academic Affairs: Date:

09/10/2008