PLEASE NOTE: To ensure that a series of changes to an existing degree program does not essentially create a new program, the Southern Association for the Accreditation of Colleges and Schools (SACS) requires submission of its Substantive Change Checklist for every program change. Prior to college-level review, you must fill out and submit the SACS Substantive Change Checklist to the Office of Institutional Effectiveness. Contact Institutional Effectiveness (institutionaleffectiveness@uky.edu) for assistance.

Once approved at the college level, your college will send the proposal to the appropriate Senate academic council (HCCC and/or UC) for review and approval. Once approved at the academic council level, the academic council will send your proposal to the Senate Council office for additional review and then a 10-day posting online, during which senators review on their own and have an option to register an objection if they so desire. If no objection is raised to the Senate Council Office within ten days of the posting the proposal, then the program change is approved. The Senate Council Office will report approvals to the Provost, Registrar and other appropriate entities, including the contact person.

For every proposed change, you MUST also include the existing requirement.

			SUMMARY	OF (CHANGES				
			Check all	that	t apply.				
⊠ Coι	urses Pr	ogram nam	ne	uired	d credit hours	Stude	nt learn	ning outco	mes
	Criteria	for admissi	ions/progression/termin	natio	on Certif	icate assessn	nent	Oth	er
4 0					<u>'</u>				
	eral Information								
1a	Date of contact v	with Institu	tional Effectiveness (IE)	1:	4-14-15 and	02-28-17			
	$\overline{\mathrm{X}}$ Appended to	the end of	this form is a PDF of the	e rep	oly from Instit	utional Effec	tivenes	s.	
1b	College ² : Nurs	ing		De	partment ² :	Nursing			
1c	CIP code ³ :	51-3801			Today's Da	te:	3/18/2	16	
1d	Current major na	I BN	N - RN-BSN Option		Proposed m	najor name:			
	(Biology, Design,	etc.)			- 1	.,			
	Current Degree								
1e	(BA, BFA, etc.):	BSN			Proposed degree:				
	(=: 9 =: 7 9 000)	I							
1 f	Will there be any	/ changes re	egarding a track(s) for th	ne pi	rogram?		\	Yes 🗌	No 🖂
1g	Accrediting agen	cy, if applic	cable: CCNE						
1h	Date of most red	ent periodi	c program review for th	is de	egree: Oct	2012			
					'				
1i	Requested effec	tive date:	Fall semester follo	win	g approval.	OR	Specif	ic Date4: I	Fall 20

¹ Prior to college-level review, you must fill out and submit the SACS Substantive Change Checklist to the Office of Institutional Effectiveness. You can reach Institutional Effectiveness by phone or email (257-2873 or institutionaleffectiveness@uky.edu).

² It is not possible to change the home academic unit of a degree program via this form. To change the home unit, visit http://www.uky.edu/faculty/senate and search for forms related to academic organizational structure.

³ The CIP code is provided by Institutional Effectiveness. If a different CIP code is necessary, the program may undergo a review similar to the new program approval process.

⁴ No program change(s) will be effective until all approvals are received.

1j	Contact person name: Darlene Welsh	Phone / Email:	3-6620 / jdw	els00@uky.ed	łu
2 000	mion of Changes				
z. Ove	rview of Changes Describe the rationale for the changes, including results	from the most	recent program	n review if an	nlicable (450
2a	word limit)	nom the most	recent program	ii i cvicw ii ap	plicable. (450
	Moving courses to on-line delivery required changes in becourses to be changed.	ooth content and	l course numbe	ers. This is th	e last of the
2b	Use the fields below, as applicable, to identify the areas	in which chang	os will he mad	0	
20	ose the helus below, as applicable, to identity the areas		urrent		posed
i.	Credit Hours of Premajor Courses:		90	<u>.</u>	90
ii.	Credit Hours of Preprofessional Courses:		0		0
iii.	Credit Hours of Major Core Course Requirements		30		30
iv.	Minimum Credit Hours of Guided Electives:		0		0
v.	Minimum Credit Hours of Free Electives:		0		0
vi.	Credit Hours for Track 1 (name):				
vii.	Credit Hours for Track 2 (name):				
viii.	Credit Hours for Track 3 (name):				
ix.	Credit Hours for Track 4 (name):				
x.	Credit Hours for Track 5 (name):				
xi.	Credit Hours for Required Minor:		0		0
xii.	Total Credit Hours Required by Level: 100-l	evel:			
	200-l	evel:			
	300-l	evel:	16		16
	400-I	evel:	14	<u>-</u>	17
	500-l	evel:			
	TOTAL CREDIT HOURS REQUIRED FOR GRADUAT	TON:	<u>120</u>	<u>1</u>	<u>20.</u>
XV.	If the total hours required for graduation have changed,	explain below.	(150 word lim	it)	
	,			,	
2c	Will the requested change(s) result in the use of courses unit?	from another	educational	Yes 🗌	No 🔀
	If "Yes," describe generally the courses and how they wi	ill used.			
	If "Yes," two pieces of supporting documentation are re	quired.			
	Check to confirm that appended to the end of this for chair/director ⁵ of each unit from which individual course		f support from	the appropri	ate

⁵ A dean may submit a letter only when there is no educational unit below the college level, i.e. there is no department/school.

	Check to confirm that appended to the affected unit has consent from the faculty minutes.					
20	Will the proposed change(s) affect an asso	ciated minor?		Y	es 🗍	No 🖂
	If "Yes," the department must also submit		change the mi	nor.		
	, ,					
3. Co	ourse Sharing					
3a.	Will the requested changes result in the us			Y	es 🗌	No 🔀
	If "Yes," describe generally the courses and	d how they will us	ed.			
	If "Yes," two pieces of supporting docume	ntation are requir	ed.			
	Check to confirm that appended to the chair/director ⁶ from which individual cours		is a letter of su	pport from the	e other un	its'
	Check to confirm that appended to the unit has consent from the faculty member					
	,		,, ,			
3. UI	Core Courses					
	Are there any proposed changes to the UK	•				
3a	"Yes," indicate and proceed to next questi		te and proceed	I to 4a.) Y	es	No 🔀
	If "Yes," note the specific changes in the g	Current	Current	Proposed		
UK C	ore Area	Course	Credits	Course	Pro	posed Credits
I. In	tellectual Inquiry					
	Arts and Creativity					
	Humanities					
	Social Sciences					
	Natural/Physical/Mathematical					
II. C	omposition and Communication					
	Composition and Communication I	CIS/WRD 110	3	CIS/WRD 1	10	3
	Composition and Communication II	CIS/WRD 111	3	CIS/WRD 1		3
III. C	Quantitative Reasoning					
	Quantitative Foundations					
	Statistical Inferential Reasoning					
IV. C	Citizenship (one course in each area)					
	Community, Culture & Citizenship in USA					
	Global Dynamics					
	•					
	Total UK Core Hours					
3b	Provide the Bulletin language about UK Co	re				

⁶ A dean may submit a letter only when there is no educational unit below the college level, i.e. there is no department/school.

4. Grad			osition and Communication R					
4a			duation Composition and Com te and proceed to next question		•	• •	Yes 🗌	No 🖂
			e the specific changes below, i					
		,						
	If the	course	(s) used are from outside the I	home unit,	one piece	e of supporting docume	ntation is re	quired.
		مد داد ما		and af +b:a	fa : a a	latter of a manufactures	معطعه مط	:+-/
			confirm that appended to the or from which individual cours			letter of support from	the other ur	IILS
	criarry	, an eete	Current	ocs will be d	iscu.	Propos	ed	
i.	Si	ngle co	urse in home unit:		Sing	le course in home unit:		
ii.	Пм	lultiple	courses in home unit.		Muli	tiple courses in home un	nit.	
iii.	Si	ngle co	urse outside home unit.		Sing	le course outside home	unit.	
iv.	М	lultiple	courses outside home unit.		Muli	tiple courses outside hoi	me unit.	
٧.	Co	ourse(s) inside & outside home unit.		Coul	rse(s) inside & outside h	ome unit.	
4b	Provide the Bulletin language about GCCR below.							
5. Oth			nges ege-level requirements change	2 (If "Voc "	indicato	and note the specific		
5a			ne grid below. If "No," indicate			•	Yes 🗌	No 🔀
		<u>, </u>	Current		<u> </u>	Proposed	ı	
	S ^t	tandard	d college requirement			Standard college requi	rement	
	S	pecific	course			Specific course		
Prefix Nmb		redit Hrs	Title	Prefix & Nmbr	Credit Hrs	Title	Cou	rse Status ⁸
INITIO	' '	1113		IVIIIDI	1113		Select o	nne.
							Select o	
							Select o	
							Selection	
5b								
	Will t	he exis	ting language in the Bulletin al	oout college	e-level re	quirements change?	Yes	No 🖂
			ting language in the Bulletin ab	oout college	e-level re	quirements change?	Yes 🗌	No 🔀
			ting language in the Bulletin abvide the new language below.	oout college	e-level re	quirements change?	Yes	No 🖂
				oout college	e-level re	quirements change?	Yes	No 🔀
	If "Ye	s," pro					Yes	
5c	If "Ye	he preate and	vide the new language below. major or pre-professional councte the specific changes in the	rse require	ments ch	ange? (If "Yes,"	Yes	No 🖂
5c	If "Ye	he preate and	vide the new language below. major or pre-professional cou	rse require	ments ch	ange? (If "Yes,"		

⁷ A dean may submit a letter only when there is no educational unit below the college level, i.e. there are no departments/schools.

⁸ Use the drop-down list to indicate if the course is a new course ("new"), an existing course that will change ("change"), or if the course is an existing course that will not change ("no change").

Prefix Nmbi			Title	Prefix & Nmbr	Credit Hrs	Title	Cou	rse Status ⁹
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
5d	Provide	e the	Bulletin language about pre-m	ajor or pre-	professio	nal courses below.		
								I
5e	specific	cha	ujor's core course requirements anges in the grid below. If "No,"	indicate an			Yes 🔀	No 🗌
	If "Yes,	" no	te the specific changes in the gr	id below.				
Prefix	& Cre	4i+	Current	Prefix &	Credit	Proposed		
Nmbi			Title	Nmbr	Hrs	Title	Cour	se Status ¹⁰
NUR 886	_ h	i	Synthesis of Nursing Practice	NUR 453	6	Nursing PRactice Capstone for Registered Nurses		New
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
5f	Provide	e the	Bulletin language for major cor	re course re	equireme	nts.		
5g	Will the	e gui	ded electives change? (If "Yes,"	indicate ar	nd note th	ne specific changes in	Yes 🗌	No 🔀

⁹ Use the drop-down list to indicate if the course is new, exists but will change, or exists but will not change.

¹⁰ Use the drop-down list to indicate if the course is new, exists but will change, or exists but will not change.

	the grid I	elow. If "N	No," indicate and pr	roceed to quest	ion 5i.)			
		Currer	nt			Proposed		
Prefix Nmb		-	Title	Prefix & Nmbr	Credit Hrs	Title	Cour	se Status ¹¹
							Sele	ect one
							Sele	ect one
							Sele	ect one
								ect one
								ect one
							Sele	ect one
Гh	Duestide 4	h o Dullotio	lanawaa fan awida	ما مامعان مم				
5h	Provide (ne Bulletin	language for guide	ed electives.				
5i			es change? (If "Yes ," indicate and prod			pecific changes in the	Yes 🗌	No 🖂
	·							
	D		ala a sa a Maria a sa a		. "			
5j			change affect any t v. If "No," proceed		s," note th	e specific changes	Yes 🗌	No 🖂
	If more t		ack is affected, click	K <u>HERE</u> for a ten	nplate. Ap _l	pend a PDF for each aff	ected track	to the end of
Track N	Name:			☐ New 1	rack	Changed Track	☐ Delete	d Track
		Currer	nt			Proposed		
Prefix Nmb		:	Title	Prefix & Nmbr	Credit Hrs	Title	Cour	se Status ¹²
							Sele	ect one
							Sele	ect one
							Sele	ect one
							Sele	ect one
								ect one
							Sele	ect one
5k	Provide t	he Rulletin	language for the t	rack				
JK	TTOVIGE	ne bulletill	ו ימווקטטקט וטו נוופ נו	I UCN.				
		emester P				. 10 - 1 - 1 1		DE C
				_		nultiple tracks are availate to the end of this form		<u>:KE</u> for a
YEAR 1	L – FALL: BIO 103; 3		по п		AR 1 – SPR			

¹¹ Use the drop-down list to indicate if the course is new, exists but will change, or exists but will not change.

¹² Use the drop-down list to indicate if the course is new, exists but will change, or exists but will not change.

YEAR 2 - FALL :		YEAR 2 – SPRING:	
YEAR 3 - FALL:		YEAR 3 - SPRING:	
YEAR 4 - FALL:	NUR 315 - 5 cr NUR 351 - 2 cr NUR 310 - 3 cr Summer I - NUR 450 - 3 cr Summer II - NUR 886 - 3 cr	YEAR 4 - SPRING:	NUR 352 - 3 cr NUR 354 - 3 cr NUR 451 - 5 cr Summer I - NUR 452 - 3 cr Summer II - NUR 453 - 6 cr

7. Approvals/Reviews

Information below does not supersede the requirement for individual letters of support from educational unit administrators and verification of faculty support (typically takes the form of meeting minutes).

In addition to the information below, attach documentation of department and college approval. This typically takes the form of meeting minutes but may also be an email from the unit head reporting department- and college-level votes.

	Reviewing Group Name	Date Approved	Contact Person	Name/Phone/Email			
7a	(Within College)						
	Undergraduate Faculty	2/5/16	Darlene Welsh	/ 3-6620 / jdwels00@uky.edu			
	Academic Dean	2/5/16	Patricia B. Howard / 3-3304 / pbhowa00@uky.edu				
			/	/			
			/	/			
7b	(Collaborating and/or Affected Uni	its)					
			/ /	1			
			/	/			
			/	/			
			/	/			
			/	/			
		•					
7c	(Senate Academic Council)		Date Approved	Contact Person Name			
	Health Care Colleges Counc	il (if applicable)					
	Undergraduate Council		3/16/17	Joanie Ett-Mims			

From: Alexander-Snow, Mia

Sent: Tuesday, February 28, 2017 2:07 PM **To:** Davis, Joanne < <u>idavis1@email.uky.edu</u>> **Cc:** Ett, Joanie M < <u>ioanie.ett-mims@uky.edu</u>>

Subject: RE: substantive change

Hello Joanne:

Yes, the email still holds true and is accurate.

Thanks for your patience; it is VERY much appreciated ©

Cheers, Mia

Mia Alexander-Snow, PhD

Director, Planning and Institutional Effectiveness

Phone: 859-257-2873 Fax: 859-323-3999

Visit the Institutional Effectiveness Website: http://www.uky.edu/ie

This message is for the named person (s) use only. It may contain confidential, proprietary or legally privileged information. No confidentiality or privilege is waived or lost by any mistransmission. If you receive this message in error, please immediately delete it and all copies of it from your system, destroy any hard copies of it and notify the sender. You must not, directly or indirectly, use, disclose, distribute, print, or copy any part of this message if you are not the intended recipient.*

From: Davis, Joanne

Sent: Tuesday, February 28, 2017 2:01 PM

To: Alexander-Snow, Mia <mia.alexander-snow@uky.edu>

Cc: Ett, Joanie M < joanie.ett-mims@uky.edu >

Subject: substantive change

Dr. Alexander-Snow – we found this email from 2015 where you indicated that the RN-BSN program change was not substantive. We have not made any other changes and so are assuming that this is still accurate.

From: Alexander-Snow, Mia

Sent: Tuesday, April 14, 2015 10:20 AM

To: Wilson, Jessica L < jessical.wilson@uky.edu>

Cc: Morgan, Brittany A <bri>drittany.morgan@uky.edu>; Lineberry, Gene <gt.lineberry@uky.edu>; Withers,

Benjamin C < bwithers@uky.edu">bwithers@uky.edu; Brothers, Sheila C < sbrothers@uky.edu>

Subject: RE: eLII Grantee Program Review | Jessica Wilson (Nursing)

Dear Jessica,

Thank you for submission of the SACS COC Substantive Change Checklists for the RN-BSN Hybrid Option. Based on your responses, the proposed program changes do not constitute substantive change as defined by SACSCOC, the university's regional accreditor. At this time, no additional documentation is needed.

Should you have questions about the approval process of new programs or changes to an existing program, please do not hesitate to contact the Office of Planning and Institutional Effectiveness (mia.alexander-snow@uky.edu) and the appropriate senate council chair.

Best, Mia

Joanne Davis
Assistant Dean for
Student and Academic Services
UK College of Nursing
315 CON Bldg.
Lex, KY 40536-0232
Phone 859-323-6135
FAX 859- 323-1057