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| **NOTIFICATION FORM FOR TRANSFER OF ADMINISTRATIVE CONTROL**  **OF A VOCATIONAL OR PROFESSIONAL NURSING EDUCATION PROGRAM** | |
| Current Governing Entity |  |
| Proposed Governing Entity |  |
| Date of proposed transfer of control |  |
| Name of nursing education program | Program Code: 27- Click or tap here to enter text. |
| Type of program | Vocational  Professional |
| Name of Dean/Director | Phone No:  Email: |
| Location of nursing education program and extension sites/campuses |  |
| Are there any anticipated changes in the nursing education’s philosophy, mission, or program hours?  Please refer to Rule 214 and Rule 215 to determine the effects of the changes in administrative control. | BRIEFLY DESCRIBE: |
| Describe the effect of the administrative change on the organizational structure and channels of communication for the nursing education program  Attach an organizational chart. | BRIEFLY DESCRIBE: |
| COMMENTS: | |
| SIGNATURE:  DATE: | |

**\*Please attach additional pages if needed.**

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| **BON USE ONLY** |  |
| Approved by: |  |
| Date: |  |