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| **TEXAS BOARD OF NURSING NOTIFICATION FORM**  **CLOSING A NURSING EDUCATION PROGRAM OR AN EXTENSION SITE/CAMPUS** |

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| NAME OF NURSING EDUCATION PROGRAM | Program Code: 27- \_\_\_\_\_\_\_\_\_ |
| TYPE OF PROGRAM |  |
| NAME OF DEAN/DIRECTOR | Phone No:  Email: |
| LOCATION OF NURSING EDUCATION PROGRAM OR EXTENSION SITE/CAMPUS |  |
| REASON FOR CLOSURE | BRIEFLY DESCRIBE: |
| DATE OF CLOSURE |  |
| ACADEMIC PROVISIONS FOR  CURRENT STUDENTS OF NURSING EDUCATION PROGRAM OR EXTENSION PROGRAM | BRIEFLY DESCRIBE: |
| PROVISIONS FOR ACCESS TO AND SAFE STORAGE OF VITAL SCHOOL RECORDS | BRIEFLY DESCRIBE: |
| METHODS TO BE USED TO MAINTAIN REQUIREMENTS AND STANDARDS UNTIL THE PROGRAM CLOSES | BRIEFLY DESCRIBE: |

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| COMMENTS: |

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

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| SIGNATURE: DATE: |

**Date Presented at Board Meeting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_