

To: IPFW Senate

From: Judith Garrison, Chair
Graduate Subcommittee

Date: September 20, 2009

Re: Request for Revision of Existing Concentration:

Changing the name of the nursing graduate program concentration from “Nursing Administrator” to “Nurse Executive”

The Graduate Subcommittee supports the Request for Revision of Existing Concentration name change, and finds that the proposal requires no Senate review.

Graduate Subcommittee Vote: Friday, Sept 4, 2009

Approving

Not Approving

Absent

S. Carr

J. Garrison

L. Hite

A. Livschiz

J. Moore

S. Ahrens

B. Fife

G. Hickey

PURDUE UNIVERSITY

GRADUATE SCHOOL

Request for a Concentration (previously Area of Specialization)

Request for New Concentration

Request for Revision of Existing Concentration

Request for Deletion of Existing Concentration

Graduate Program (Major/previously Field of Study) Nursing/Nursing Administration Major Code
090

Title of Concentration Nurse Executive

Effective Session: _____ Fall X Spring _____ Summer Academic year: 2008 - 2009

Degrees to which this concentration applies:

XX Master's

_____ Doctoral

_____ Other

Campus(s) at which this concentration applies:

XX Calumet
XX Fort Wayne
Indianapolis
North Central
West Lafayette

Justification: Please address the following topics (in order) when requesting a concentration: (Attach additional sheets as necessary.)

- Statement of the mission of the proposed concentration including, but not limited to, the need for the concentration, the target audience, the relationship to the major under which the concentration will be listed, and the relationship to other concentrations in the degree program
- Focus of the research or professional program
- Participating faculty, including name, academic rank, and departmental affiliation
- Currently enrolled or expected number of students
- Core courses and a description of how they fit into and support the major (degree program)
- Learning outcomes (e.g., unique knowledge or abilities, capacity to identify and conduct original research, ability to communicate to peer audiences, critical thinking and problem-solving skills, etc.).

Recommended by:

Approved by:

Head of the Graduate Program Date

Graduate School Dean (West Lafayette) Date

Academic Dean Date
(concentration)

Concentration Code _____

(To be assigned by the Office of the Registrar if this request is for a new

Additional Authorizing Signature (if applicable)

Date

Please submit this form to the Graduate School, PWL. An approved copy will be returned to the department and academic college/school at the campus recommending the request.