Proposal Transmittal Sheet

Full Category I and Abbreviated Category I Proposals

Submit proposals to: Office of Academic Programs, Assessment, and Accreditation
314 Waldo Hall – Oregon State University

Attach Transmittal Sheet; Proposal; Library Evaluation (performed by the Library for Full Category I proposals), Letters of Support (external to OSU); Liaison Correspondence (internal to OSU), External Review (new graduate program proposals), and Budget Information (both OSU and HECC budget sheets for Full Category I proposals and OSU budget sheets for Abbreviated Category I proposals)

Full Category I Proposals: New Programs

Final Approval--for new degrees, extension to OSU's branch campus, and substantive changes:
Higher Education Coordinating Commission (HECC)

Final Approval-- for new certificate programs: OSU Provost

Check one:

- [X] **New Degree Program**
- [ ] **New Certificate Program**
- [ ] **Extend Program to OSU Branch Campus**
- [ ] **Substantive Change**

Abbreviated Category I Proposals: Other Proposals

Final Approval--for new academic units, renames, reorganizations, and, suspensions: OSU Provost

Final Approval-- for terminations: OSU Board of Trustees

Check one:

- [ ] **Establish:** new college, school, department or program
- [ ] **Rename:** change the name of an existing academic program or academic unit
- [ ] **Reorganization:** move the responsibility of an academic program from one academic unit to another; reorganize existing academic unit(s), including mergers and splits
- [ ] **Suspension (or Reactivation):** suspend an academic program (maximum period: three years)
- [ ] **Termination:** terminate an academic program or academic unit

Title of Proposal: Bachelor of Science in Nursing (RN to BSN)

Proposed Effective Term: Fall 2019

School/Department/Program: Nursing Program / School of BIOPOP

College: Public Health & Human Sciences

I certify that the above proposal has been reviewed by the appropriate Program, Department, School, and College administrators and committees. I approve this proposal.

[signature]	10/11/17	NORMAN HORD
Sign (Department/School Chair/Head; Director)	***Date***	**Print (Chair/Head; Director)**
[signature]	10/11/17	JAVIER ULLOA
***Sign* (College Dean)**	***Date***	**Print (College Dean)**

Source: Office of Academic Programs, Assessment and Accreditation (2-10-15; rev 1-8-16)