Kansas State Board of Nursing
Minor Curriculum Change for Graduate Nursing Programs
60-17-105 (d)(2)(B)

Date: ________________________________________________

Name of Program: __________________________________________

Program Administrator
Include credentials: __________________________________________

Parent Institution: __________________________________________

Address of Institution: ________________________________________

Level of the Program for which the change is being requested
____________________________________________________________

Briefly describe the Change being requested:
________________________________________________________________

The nurse administrator shall submit all revisions that are not major revisions, as defined in paragraph (d)(2).

________________________________________________________________

Action Taken
Nursing Education Compliance Officer Review
(Minor requests only)

☐ Approved ☐ Not Approved ☐ Deferred

_________________________________________  _______________________
Nursing Education Compliance Officer    Date

________________________________________________________________

Instructions

1. Submit to KSBNs Nursing Education Compliance Officer for approval

2. Before implementation of the change, the signed Minor Curriculum Change form must be received by the program.

Rev. 10/17