

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.