

Form Procedure

These top fields will be completed by the SOGCE office.

Academic Year: * 2022-2023

SGOCE#: *

Policy.docx

Graduate New/Change Policy Proposal

Create a PDF of the saved							
Department/Com	mittee Information						
The main contact person for	the Graduate Curriculum Committee s	should fill out this form.					
Requestor Name:	Requestor Name: Deborah Stone						
Members of the Graduate Curriculum Committee or Department requesting this change: Althea Aranda, Karen Beaton, Rachel Henderson (student representative) Amy Kendrick, Tara Mariolis, & Deborah Stone (Chair).							
This group is part of: • Ar	n Academic Department n Administrative Department						
Academic Department							
Department / Unit Developir	ng: *Nursing						
Department Chair:	Dr. Tara Mariolis	tmariolis@fitchburgstate.edu					
Academic Dean:	Dr. Jennifer Hanselman	jhanselm@fitchburgstate.edu					
	The Program Chair for this request is a *© Yes C No C N/A	mong the people listed above.					
Policy Information	n						
This proposal is to a Policy the Community of the Policy Policy Change	hat is:						
Describe the New Policy or P	olicy Change:						
		to require that students must earn a minimum of a 3.0 in es students to maintain a minimum of a 3.0 GPA in the					
	r change to existing policy as it will app ovide current and proposed versions):	ear in university catalog					
To maintain enrollment in t	he graduate forensic nursing program s	students must earn at least a 3.0 in each course.					
	omes for new policy or change to exist						
		nenting their GPA with non-required courses.					
	emester will new policy/policy change b	egin; will change be phased in)					
Fall 2023		Final 2023 Graduate FN Progression (Reter					

Signatures

university.

...3539303834 <u>Deborah Stone</u> 04/12/2023 Requester Signature Date

Attach suggested execution or other supporting files not included in your text above.

Attach any letter (s) of support from professional agencies or others within or outside the

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Jara Mariolis	04/12/2023				
Department Chair Approval	Date		SGOCE Dean Signature	Date	
Academic Dean Signature	Date				
Graduate Council The Graduate Council Chair Signature indicates that the Council has discussed this proposal and has decided it should move forward.			Notifications		
			SGOCE Dean Initials	Date	
Graduate Council Chair Signat	ure Date				
			Reviewed by the Registrar:	Date	
		_			
pproval of the President	Date			·	
	,				