MORATORIUM OR SUSPENSION OF A DEGREE PROGRAM

DEANS: Use this form to request or remove a moratorium or suspension of a degree program or a certificate of 30 or more credits. Send this completed form in Word version electronically to the Office of the Provost: provost.deg.changes@wsu.edu

Degree Title:	Master of Nursing				
Academic Program:					
Academic Plan:		_			
Number of Credits:	32				
Department(s) or Program(s):	Master of Nursing Program				
College(s):	College of Nursing				
Campus(es):	Spokane, Tri-Cities, Vancouver				
Contact Name:	Anne Mason	Anne Mason			
Contact Phone:	509-324-7253	Email:	Anne.mason@wsu.ed u		
Action Requested:	A Rec. III MUSIE		نهائك أم المالية علم		
1. Rationale for moratorium		- C 1	11 4 Co 41		
The Master of Nursing program has been suffering from low enrollment for the past 3 years. On average, we have 7 applicants per semester since 2019. In preparation for our 2024 re-accreditation site visit, we have determined that a major contributing factor for the low application numbers is related to the curriculum design. This moratorium on admission will allow us time to re-design the curriculum as well as to bring the new curriculum into alignment with new accreditation standards that are soon to be released.					

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2.	Potential impact of moratorium or suspension on current students in the program:
	Students currently enrolled in the MN Program will continue to progress through their program of study. The College and program administration along with student services will create adjustments in projected course offerings to maximize enrollment in courses and will inform students of any future changes to their course series.
3.	Potential impact of moratorium or suspension on faculty in the program:
	Faculty in the College teach across programs as a standard. Faculty will continue to have full teaching assignments and will be informed of changes to their future teaching well in advance of the next academic year. There may be less need to re-contract some adjunct faculty once full-time faculty are re-deployed into other programs.
	f requesting a suspension, please indicate whether a closure is under consideration; if so, nclude a time-line.
	If requesting to remove a moratorium or suspension, please indicate the conditions under which the program moratorium or suspension no longer apply.
1	If requesting to remove a moratorium or suspension, please indicate the resources from faculty and staff needed to reinstate the program are available, and whether there will be any potential impacts to other programs if reinstated.

7.	If removing the program from suspension status, please explain the market demand for the program and a specific plan of sustainability for the program.			

SIGNATURES: The names typed below certify that the relevant academic and campus officials have reviewed and approved this proposal:

Chair Signature:	Anne M. Mason	Date:	01/13/2023
Dean Signature:	Mary Koithan	Date:	01/13/2023
VP Global Campus		Date:	
→ Submit to the Provost	's Office at provost.deg.changes@wsu.edu	1	
Everett Chancellor		Date:	
Spokane Chancellor	Daryll B. De World	Date:	2/13/2023
Tri-Cities VCAA	Jamleen M. Wood	Date:	2/24/23
Vancouver VCAA	fh.	Date	2/22/23
Provost Office:		Date:	
Comments:			
This goal	For Registrar's Office Use Only		
Current CIP Code:	New CIP Code:	Date:	

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