

UGPC APPROVAL	
UFS APPROVAL	
CATALOG	

Graduate Programs—PROGRA	AM CHANGE REQUEST	CATALOG	
DEPARTMENT: NURSING	COLLEGE: CHRISTINE E. LYN	COLLEGE: CHRISTINE E. LYNN COLLEGE OF NURSING	
PROGRAM NAME: DOCTOR OF NURSING PRACTICE PRO	GRAM	EFFECTIVE DATE (PROVIDE TERM/YEAR)	
PLEASE EXPLAIN THE REQUESTED CHANGE(S) AND OFF	ER RATIONALE BELOW AND/OR ATTACHED:	2	
ELIMINATE THE ADMISSION REQUIREMENT FOR THE GRE	OR MAT FOR THE DOCTOR OF NURSING PRACTIC	CE PROGRAM	
RATIONALE THERE ARE THREE PRIMARY REASONS FOR REQUESTING	GELIMINATION OF THE GRE/MAT TEST SCORES F	OR ADMISSION TO THE DNP PROGRAM:	
 DROP IN APPLICATIONS: A RECENT DROP IN APPLIC BEACH ATLANTIC UNIVERSITY, BARRY UNIVERSITY, ADMISSION. 			
2. OTHER REQUIRED EXAMS ARE MORE APPROPRIATE THEREFORE APPLICANTS ARE REQUIRED TO HAVE I CERTIFICATION FOR ADVANCED PRACTICE NURSING GEARED TOWARD THIS PRACTICE DEGREE THAN THE GRE/MAT TESTS, AND INSTEAD THE MCAT IS REQUI	PASSED EITHER THE NATIONAL NURSING EXAM (3. THESE EXAMS ARE RIGOROUS, SPECIFIC FOR HE GRE/MAT. SIMILARLY, MEDICAL SCHOOL APPL	(NCLEX) OR TO HOLD NATIONAL NURSING, AND MORE APPROPRIATELY	
3. THERE IS NOT SUFFICIENT EVIDENCE THAT THE GRE DIFFERENCE IN STUDENT SUCCESS IN GRADUATE N MORE CLOSELY CORRELATE WITH SUCCESS IN GRA	URSING PROGRAMS BASED UPON GRE SCORES.		
Faculty contact, email and complete phone number: Susan Bulfin, DNP Director sbulfin@fau.edu 561 297 3600	Consult and list departments that might be af	fected by the change and attach comments.	
Approved by:		Date:	
Department Chair:			
College Curriculum Chair:			
College Dean:			
UGPC Chair:			
Graduate College Dean:			
UFS President: Provost:			

Email this form and syllabus to <u>UGPC@fau.edu</u> one week before the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website prior to the meeting.