



EMORY

NELL HODGSON  
WOODRUFF  
SCHOOL OF  
NURSING

**Office of Education  
Program Revision/Addition Permission Form**

Course/POS: \_\_\_\_\_

**SECTION A PROGRAM REVISION/ADDITION INFORMATION**

*this section is to be completed by faculty requesting change*

Please submit a summary of requested program changes including:

- Any data analysis that you have to support this request
- Number of potential students for this class (if program addition)
- What the potential effect on the curriculum and overall program, certification/practice and/or accreditation standards may be
- Financial Implications of this request
- Semester this request will go into effect

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date Submitted

*Please submit your summary of requested program change/addition along with this form to:  
jana.angelo@emory.edu*

**SECTION B OFFICE OF EDUCATION DECISION**

*this section to be completed by the Office of Education upon receipt of completed Section A*

☐ This request has been approved by the Office Education; You may submit this request to Curriculum Committee for evaluation

☐ This request has been denied by the Office of Education

Comments/Next Steps

\_\_\_\_\_  
Associate Dean for Education

\_\_\_\_\_  
Date of decision

Additional Information