

**TEXAS BOARD OF NURSING NOTIFICATION FORM
CLOSING A NURSING EDUCATION PROGRAM OR AN EXTENSION SITE/CAMPUS**

NAME OF NURSING EDUCATION PROGRAM	Program Code: 27- _____
TYPE OF PROGRAM	Vocational Professional
NAME OF DEAN/DIRECTOR	Phone No: Email:
LOCATION OF NURSING EDUCATION PROGRAM OR EXTENSION SITE/CAMPUS	
REASON FOR CLOSURE	BRIEFLY DESCRIBE:
DATE OF CLOSURE	
ACADEMIC PROVISIONS FOR CURRENT STUDENTS OF NURSING EDUCATION PROGRAM OR EXTENSION PROGRAM	BRIEFLY DESCRIBE:
PROVISIONS FOR ACCESS TO AND SAFE STORAGE OF VITAL SCHOOL RECORDS	BRIEFLY DESCRIBE:
METHODS TO BE USED TO MAINTAIN REQUIREMENTS AND STANDARDS UNTIL THE PROGRAM CLOSES	BRIEFLY DESCRIBE:
COMMENTS:	
SIGNATURE:	DATE:

*Please attach additional pages if needed.

Date Presented at Board Meeting: _____