# Faculty Degree Plan
# Kansas State Board of Nursing

**Name:** _____

Please answer the following questions:

| | |
|---|---|
| **Date** | |
| **Kansas Nursing License Number** | |
| **Program of Employment** | |
| **Program in which Enrolled** | |
| **Degree to be obtained** | |
| **Date of Enrollment** | |
| **Projected Date of Completion** *(completed within six years)* | |

| Name of Course | Enrollment Date | Date of Completion |
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Notification and rationale should be submitted when the degree plan is not followed. Upon completion of the degree, a transcript showing completion of the program should be submitted.