PROGRAM CHANGE FORM

1. Submitted by: Click here to enter text.

Name of Institution

2. Type of Program Change (Check all that apply)

\_\_\_\_\_Title change only

\_\_\_\_\_ Combination program created out of closely allied existing programs

\_\_\_\_\_ Option(s) added to existing program(s)

\_\_\_\_\_ Addition of certificate program developed from approved existing parent degree

\_\_\_\_\_ Addition of free-standing single-semester certificate program

\_\_\_\_\_ Delete program(s)

\_\_\_\_\_ Delete option(s)

\_\_\_\_\_ Place program on “Inactive Status” list

3. Indicate Program Changes or Additions:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Before the Proposed Change | | | After the Proposed Change | | |
| Title of Old Program/Certificate | Degree | CIP Code | Title of New Program/Certificate | Degree | CIP Code |
| Click here to enter text | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

3. Indicate Program Modality (select all that apply):

\_\_\_\_\_ Classroom

\_\_\_\_\_ Online

\_\_\_\_\_ Hybrid

\_\_\_\_\_ Competency-based

4. Attach a copy of “before and after” curriculum, as applicable, and a rationale for the proposed change.

5. If an ***undergraduate*** certificate proposal, please indicate whether the certificate is intended to be completable in \_\_\_ a single semester (C0); \_\_\_ one year (C1); \_\_\_ two years (C2).

5. Intended date of changes to be effective (Month/Year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION**

Click here to enter text. DATE

Name/Title of Institutional Officer Signature Date

Person to Contact for More Information Telephone Number