PROGRAM CHANGE REQUEST FOR STAFF REVIEW

Name of Institution:

☐ Title or CIP change
☐ Combination program created out of closely allied existing programs
☐ Add option to existing program
☒ Add certificate program (from approved existing parent degree or stand-alone) *attach curriculum

<table>
<thead>
<tr>
<th>Before the Proposed Change</th>
<th>After the Proposed Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Old Program/Certificate</td>
<td>Degree</td>
</tr>
<tr>
<td>Poisonous Plants</td>
<td>GRCT</td>
</tr>
</tbody>
</table>

Attach a copy of the "before and after" curriculum, as applicable

☐ Delete program
☐ Delete option
☐ Place program on inactive status

<table>
<thead>
<tr>
<th>Name of program/certificate/option</th>
<th>Degree type and CIP code</th>
<th>Date to delete or inactivate</th>
</tr>
</thead>
</table>

☐ Change of address
☐ Closed location

[Click here to enter text]
Enter address change or address of closed location

List sites where changes on this form should be applied (such as main campus, all off-site locations, etc.):

[Click here to enter text]

AUTHORIZATION

Steve Graham, Sr. Assoc. VP
Academic Affairs

10/27/2017

Name/Title of Institutional Officer | Signature | Date

Please save and email this form and supporting documents to: he.academicprogramactions@dhe.mo.gov