**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><strong>Title of Old Program/Certificate</strong></td>
<td><strong>Degree</strong></td>
</tr>
<tr>
<td>Plant Sciences</td>
<td>BS</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**

<table>
<thead>
<tr>
<th>Steve Graham, Sr. Assoc. VP Academic Affairs</th>
<th>10/27/2017</th>
</tr>
</thead>
</table>

Name/Title of Institutional Officer | Signature | Date

Please save and email this form and supporting documents to: [he.academicprogramactions@dhe.mo.gov](mailto:he.academicprogramactions@dhe.mo.gov)