

- PUBLIC
- INDEPENDENT



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- ATTACH
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PROGRAM CHANGE REQUEST FOR STAFF REVIEW

Title or CIP change only

Combination program created out of closely allied existing programs

Option(s) added to existing program(s) **attach copy of “before and after” curriculum, plus any existing and proposed options*

Addition of certificate program developed from approved existing parent degree

Addition of free-standing single-semester certificate program

Add or change mode of delivery: classroom, hybrid, and online (indicate before and after modes in table below)

Before the Proposed Change			After the Proposed Change		
Title of Old Program/Certificate	Degree	CIP Code	Title of New Program/Certificate	Degree	CIP Code

- Delete program(s)
- Delete options
- Program placed on “Inactive Status” list

Program/Certificate/Option

Degree and CIP Code

Intended Date of Deletion/Inactivation

MM/YY

Change of address:

Closed location:

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

Name/Title of Institutional Officer

Signature

Date

Institution _____