PROGRAM CHANGE FORM (Updated August 2021)

1. Submitted by: Click here to enter text.

 Name of Institution

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

[ ]  **Change title** of degree program/certificate

[ ]  **Change title** of emphasis area(s) / option(s)

[ ]  **Change modality** of existing degree program

[ ]  **Change CIP code** of existing degree program

[ ]  **Add new emphasis/option** to existing degree program

[ ]  **Add new certificate** with a parent degree (courses come predominantly from one degree)

[ ]  **Add new certificate** without a parent degree (i.e., standalone)

[ ]  **Delete emphasis/option** of existing degree program

[ ]  **Place** existing program on **inactive status** (suspend program for up to 5 years)

[ ]  **Reactivate** a program placed on inactive status (must occur within 5 years of inactivation)

[ ]  **Delete** existing degree program (remove program from inventory entirely)

[ ]  **Combine** closely allied programs

|  |  |
| --- | --- |
| **Before the Proposed Change** | **After the Proposed Change** |
| Title of Old Program/Certificate | DegreeLevel | CIP Code | Title of New Program/Certificate | DegreeLevel | 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. |

|  |  |
| --- | --- |
| **Modality / Modalities Before Proposed Change** | **Modality / Modalities After Proposed Change** |
| [ ]  Classroom[ ]  Online[ ]  Hybrid[ ]  Competency-based | [ ]  Classroom[ ]  Online[ ]  Hybrid[ ]  Competency-based |

3. If adding a new option, please provide a copy of the “before and after” curriculum.

4. If adding certificate, please indicate the parent degree, if applicable: Click here to enter text.

4. If a certificate program, please indicate the number of credit hours: Click here to enter text.

5. Intended date of changes to be effective (Month/Year): Click here to enter text.

**AUTHORIZATION**

Stephen Raper/Associate Provost

Name/Title of Institutional Officer Signature Date

Person to Contact for More Information Telephone Number