

- PUBLIC
- INDEPENDENT



- SAVE
- SUBMIT
- 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

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 (enter in box below)

Closed location _____

Name/Title of Institutional Officer

Signature

Date

Institution _____

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