

INDEPENDENT□

## PROGRAM CHANGE REQUEST FOR STAFF REVIEW

Name of Institution:					
Ozarks Technical Community College					
☐ Title or CIP chan ☐ Combination pro ☐ Add option to exi ☐ Add certificate pro ☐ Add or change m	ogram created out o isting program rogram (from appi	roved existing pare	nt degree or stand-		
Program/Certificate and changed modes in Title of New Program/Certificate 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
1 Togram certificate	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.
Attach a copy of the "before and after" curriculum, as applicable					
□ Delete program □ Delete option □ Place program on inactive status □ Click here to enter text.					
□ Change of address □ Closed location ⊠Existing Program Added to a New or Existing Site (these actions will be posted for review)					
Behavioral Scien	nce, Criminal Justic al Clinical Science	ce, English, Social , Associate, 51.99	nline, Associate of Work, 24.0199, se 99, seated. Level, CIP and mode of d	ated and online, A	ssociate of
List sites where changes of New Site: OTC R		plied (such as main camp 84 West US-60 Re		etc.):	
AUTHORIZATION		0			
Dr. Tracy McGra Name/Title of Institution		Signature	may	11/21/2019 Date	