PROGRAM CHANGE FORM

1. Submitted by: Click here to enter text.

 Name of Institution

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

\_\_\_\_\_Title change only

\_\_\_\_\_ Combination program created out of closely allied existing programs

\_\_\_\_\_ Option(s) added to existing program (attach curriculum for option)

\_\_\_\_\_ Addition of single-semester certificate program (C0) to existing parent degree (15 CH or less)

\_\_\_\_\_ Addition of one-year certificate program (C1) developed from existing parent degree (30-40 CH)

\_\_\_\_\_ Addition of free-standing single-semester certificate program

\_\_\_\_\_ Delete program

\_\_\_\_\_ Delete option

\_\_\_\_\_ Place program on “Inactive Status” list

\_\_\_\_\_ Other (attach description)

1. In the left section of the table below, place the program (and options) as they currently appear in the MDHE inventory.
2. In the right section, place the program (and options) as they would appear after changes have been approved.
3. For certificates, place the title, degree and CIP for the parent program in the left section

|  |  |
| --- | --- |
| Current Program | Program after the Proposed Change |
| Title  | Degree | CIP Code | Title  | Degree | 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. |

3. Attach a copy of “before and after” curriculum, as applicable, and a rationale for the proposed change.

4. Intended date of program change, additional options, or “Inactive Status”:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION**

Click here to enter text

Name / Title of Institutional Officer Signature Date

Click here to enter text. Click here to enter text.

Person to Contact for More Information Telephone Number