PROGRAM CHANGE FORM

1. Submitted by: Click here to enter text.

Name of Institution (Campus or off-campus residential center in the case of multi-campus institutions)

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

   \_\_\_\_\_ Title change only
   \_\_\_\_\_ Combination program created out of closely allied existing programs
   \_\_\_\_\_ Option(s) added to existing program(s)
   \_\_\_\_\_ Addition of certificate program developed from approved existing parent degree
   \_\_\_\_\_ Addition of free-standing single-semester certificate program
   \_\_\_\_\_ Delete program(s)
   \_\_\_\_\_ Delete option(s)
   \_\_\_\_\_ Program placed on "Inactive Status" list

3. Indicate Program Change or Addition of Options:

|  |  |
| --- | --- |
| Before the Proposed Change | After the Proposed Change |
| Title of Old Program or Certificate Option  | Degree | CIP Code | Title of New Program or Certificate Option  | 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. |

4. Attach a copy of the "before and after" curriculum, as applicable, and a rationale for the proposed change

5. Intended date of program change, additional options, or "Inactive Status":

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Month/Year

**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