☐ **PUBLIC**

☐ **INDEPENDENT**

SAVE

SUBMIT

ATTACH

SHOW ATTACHMENTS

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

Before the Proposed Change			**After the Proposed Change**		
Title of Old Program/Certificate	Degree	CIP Code	Title of New Program/Certificate	Degree	CIP Code

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☐ 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: _____

Closed location: _____

List sites where changes on this form should be applied (such as main campus, all off-site locations, etc.)

_____

_____

Name/Title of Institutional Officer | Signature | Date

Institution _____