PROGRAM CHANGE FORM (Updated March 2024)

1. Submitted by: **Click here to enter text.**

Name of Institution

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

**Change title** of degree program/certificate

**Change title** of emphasis area(s) / option(s)

**Change modality** of existing degree program

**Change CIP code** of existing degree program

**Add new emphasis/option** to existing degree program (*see 4, 8*)

**Add new certificate WITH a parent degree** (courses come predominantly from one degree) (*see 4, 6-8*)

**Add new certificate WITHOUT a parent degree** (i.e., standalone) (*see 4, 7-8*)

**Delete emphasis/option** of existing degree program (*see 3*)

**Delete certificate** with or without parent degree (*see 3*)

**Delete existing degree program** (remove program from inventory entirely) *(see 5)*

**Deactivate** anexisting program (suspend program for up to 5 years) *(see 5)*

**Reactivate** a program placed on inactive status (must occur within 5 years of inactivation) *(see 5)*

**Combine** closely allied programs

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

|  |  |
| --- | --- |
| **Modality / Modalities Before Proposed Change** | **Modality / Modalities After Proposed Change** |
| Classroom  Online  Hybrid  Competency-based | Classroom  Online  Hybrid  Competency-based |

1. If deleting an emphasis/option or certificate, please provide a copy of the “before and after” curriculum.
2. If adding an emphasis/option or certificate, please provide a curriculum.
3. If re-/deactivating or deleting a degree program, please provide a rationale/justification.
4. If adding certificate, please indicate the parent degree, if applicable: Click here to enter text.
5. If adding certificate program, please indicate the number of credit hours: Click here to enter text.
6. Intended date of changes to be effective (Month/Year): Click here to enter text.

**AUTHORIZATION**

Click here to enter text. DATE

Name/Title of Institutional Officer Signature Date

Person to Contact for More Information Telephone Number