Form PC

PROGRAM CHANGE FORM

1. Submitted by: _____

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

2. Type of Program Change (Check those 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

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

_____
Name/Title of Institutional Officer Signature Date

_____
Person to Contact for More Information Telephone Number