

Cover Sheet for In-State Institutions Non-substantial Modification to Existing Program

Institution Submitting Proposal						
Each action	below requires	a separate prop	osal and o	cover sheet.		
Articulation Agreement			CIP Code Change			
New Certificate Program within Existing			Closed Site Approval			
Non-substantial Modification to Existing Program			Discontinue Program			
Non-substantial Modification to Existing Certificate Program			Suspend Program			
Change in Program Modality			Reactivate Program			
Title Change			Statewide and/or Health Manpower Designation			
Payment Yes Payment R*ST Submitted: No Type: Chec	ARS#	Paymer Amour				
Department Proposing Program						
Degree Level and Degree Type						
Current Title of Proposed Program						
Total Number of Credits						
Current Codes	HEGIS:			CIP:		
Program Modality	Current:	On-campus	Distanc	e Education (fu	elly online)	Both
	Proposed:	On-campus	Distanc	e Education (fu	lly online)	Both
Program Resources	Using Ex	isting Resources		Requiring N	New Resource	es
Projected Implementation Date	Fall	Spring	,	Summer	Year:	
Provide Link to Most Recent Academic Catalog	URL:					
Preferred Contact for this Proposal	Name:					
	Title:					
	Phone:					
	Email:					
President/Chief Executive	Type Name:					
	Signature:				Date:	