

Format PC

PROGRAM CHANGE FORM

1. Submitted by: _____
Name of Institution

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

- _____ Title change only (may be submitted as a memo or by responding to item 3 below)
Note: This information must be submitted to the TBR Office of Academic Affairs prior to implementation so that academic inventory records can be properly maintained.
- _____ *Consolidate an existing academic program
- _____ *Substantive Curriculum Modification in an existing academic program
- _____ Termination of an existing program or concentration
- _____ Inactivation of an existing program or concentration (If a program is not reactivated within a period of three years, the program will automatically be terminated and removed from the Academic Inventory by December of that year.)
- _____ Reactivation of a program that was placed on inactivation within the past 3 y ears
Date of inactivation:

3. Indicate Program Change:

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 implementation date for program change:

6. For terminations, date phase-out period will end:

7. Briefly describe the reasons for the requested action and the implications that the proposed action will have on any of the following: 1) fiscal resources, 2) personnel, 3) students or other clientele, and 4) institutional desegregation objectives.