

Letter of Notification

A Letter of Notification is required for programmatic and organizational changes that do not require prior review by the Coordinating Board unless requested. The Letter of Notification with supporting documentation must be submitted to ADHE by the established deadlines. All changes in existing programs/units or requests for new programs/units may be approved by the ADHE Director for immediate implementation and must be included on the agenda of the next scheduled Coordinating Board meeting. This form sets forth the relevant criteria and compliance procedures for institutions submitting letters of notification.

| New or Existing Program | Modification | | | | | | |
|--|--------------------|---------------------|-------------------------------------|---|-----------------------------|---------------|--|
| ☐Title or CIP change | ☐Joint Bachelo | r/Master's degree | (3+1 or 4+1 Program) | | | | |
| ☐Program reconfiguration-prog | ram created out | of closely allied e | xisting program(s) *attack | ch copy of "before o | and after" curriculu | m | |
| ☐Program curriculum revision o | or existing progr | am offered online | *attach copy of "before a | nd after" curriculu | ım | | |
| ☐Establishment of administrative | ve unit or reorga | nization of existin | g administrative unit *c | uttach copy of "befo | re and after" organ | ization chart | |
| □New certificate program (e.g. | certification of p | oroficiency, techni | cal certificate, or gradu | nate certificate) | | | |
| | oposed Change | | | he Proposed Cha | oosed Change or New Program | | |
| Title of Old Program/Certificate | Degree Code | CIP Code | Title of New Program/Certificate | : | Degree | CIP Code | |
| Attach a copy of the "before and at | fter" curriculum, | as applicable | | | | | |
| Program Deletion/Inactive | e or Reactivat | tion | | | | | |
| □Delete program(s)/option (s)/e | | | | | | | |
| □Place program on "Inactive Sta | _ | | | | | | |
| □Reactivation of program from | inactive status | | | | | | |
| | | | | | | | |
| Program/Certificate/Option | | Degree an | Intend | Intended Date of Deletion/Inactivation MM/Y | | | |
| rrograms comments opnou | S | | | | | | |
| | | | | | | | |
| eason for Proposed Action: | | | | | | | |
| Establishing a New Off-Ca | ampus Locati | on | | | | | |
| □New Off-Campus Location | | | | | | | |
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| Form Approval(s) | | | | | | | |
| | | | | | | | |
| Name of Provost/Chief Academic Officer | | | Signature | | Date | | |
| President/Chancellor Approval Date | | | | | | | |
| Board of Trustee Approval or | | | | | | | |
| Notification Date | | | | | | | |
| Institution: | | | | | | | |
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| Contact Perso | n/ 1 itle | Contact P | hone Number | Contact E | mail Address | | |
| | | - | | SHOW | | | |
| SAVE | SUBM | TA AT | | SHOW ACHMENTS | | | |