

## **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 Bachelor	r/Master's degree	(3+1 or 4+1 Program)			
☐Program reconfiguration-prog	ram created out	of closely allied e	xisting program(s) *attack	copy of "before and after	" curriculum	
☐Program curriculum revision o	or existing progra	am offered online	*attach copy of "before and	l after" curriculum		
☐Establishment of administrative	e unit or reorgan	nization of existin	g administrative unit *ati	ach copy of "before and a	fter" organization chart	
☐New certificate program (e.g.	certification of p	oroficiency, techn	ical certificate, or gradua	te certificate)		
	posed Change				oposed 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 af	ter" curriculum,	as applicable				
Program Deletion/Inactive	or Reactivat	tion				
□Delete program(s)/option (s)/en						
□Place program on "Inactive Sta	ıtus" list					
□Reactivation of program from	inactive status					
Program/Certificate/Option	Degree ar	nd CIP Code	Intended Date	Intended Date of Deletion/Inactivation MM/Y		
		C				
leason for Proposed Action:						
Establishing a New Off-Ca	ımpus Locati	on				
□New Off-Campus Location						
Farm Annuaral(a)						
Form Approval(s)						
Name of Provost/Chief Academic Officer			Signature		Date	
President/Chancellor Approval Date						
Board of Trustee Approval or						
Notification Date						
Institution:						
Contact Person/Title		Contact P	Contact Phone Number		Contact Email Address	
SAVE	A	ATTACH	SUBMIT		HOVV CHMENTS	