## 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

| P change $\quad \square$ Joint Bachelor/Master's degree (3+1 or 4+1 Program) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Program reconfiguration-program created out of closely allied existing program(s) *attach copy of "before and after" curriculum |  |  |  |  |  |
| $\square$ Establishment of administrative unit or reorganization of existing administrative unit *attach copy of "before and after" organization chart |  |  |  |  | chart |
| Before the P | osed Change |  | After the | nge or N |  |
| Title of Old Program/Certificate | Degree Code | CIP Code | Title of New Program/Certificate | Degree | CIP Code |
| English, Bachelor of Arts | 1420 | 23.0101 |  |  |  |

Attach a copy of the "before and after" curriculum, as applicable

## Program Deletion/Inactive or Reactivation

$\square$ Delete program(s)/option (s)/emphasis/track
$\square$ Place program on "Inactive Status" list
$\square$ Reactivation of program from inactive status

Program/Certificate/Option
Degree and CIP Code
Intended Date of Deletion/Inactivation MM/YY

## Reason for Proposed Action: We are revising our curriculum to provide a space in the early semesters of the maior to train students in close readino and textual analvsic core skill sor an

 Establishing a New Off-Campus Location$\square$ New Off-Campus Location

Form Approval(s)

| James S. Coleman |  | 01/09/20 |
| :---: | :---: | :---: |
| Name of ProvostChief Academic Officer | Signature | Date |
| PresidentChancellor Approval Date 010920 |  |  |
| Board of Trustee Approval or 03/19/20 |  |  |

Institution: University of Arkansas, Fayetteville

| Terry Martin, Senior V | (479) 57 |  | tin@uark.edu |
| :---: | :---: | :---: | :---: |
| Contact Person/Title |  |  | Contact Email Address |
| SAVE | ATTACH | SUBMIT | SHOW ATTACHMENTS |

