

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	gram created out	of closely allied e	xisting program(s) *attach	copy of "before and after" curricul	lum	
☐Program curriculum revision o	or existing progra	am offered online	*attach copy of "before and	after" curriculum		
☐Establishment of administrative	ve unit or reorgan	nization of existin	g administrative unit *atta	ch copy of "before and after" orga	ınization chart	
□New certificate program (e.g.	certification of p	oroficiency, techn	ical certificate, or graduat	e certificate)		
	oposed Change	-		Proposed Change or New Pro	roposed 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	tter" curriculum,	as applicable				
Program Deletion/Inactive	or Reactivat	ion				
Delete program(s)/option (s)/es						
□Place program on "Inactive Sta	=					
☐Reactivation of program from						
Program/Certificate/Option		Degree ar	nd CIP Code	Intended Date of Delet	Intended Date of Deletion/Inactivation MM/Y	
Frogram/Certificate/Option	Degree and CIP Code		Intended Date of Defet	intended Date of Defenoil macrivation MW/1		
Reason for Proposed Action:						
Establishing a New Off-Ca	amnus Locati	on				
□New Off-Campus Location	impus Locuti	<u> </u>				
The World Campus Education						
Form Approval(s)						
N CD	~		G:			
Name of Provost/Chief Academic Officer		Signature		Dat	Date	
President/Chancellor Approval Date						
Board of Trustee Approval or Notification Date						
Notification Date						
Institution:						
G	(77)	C m				
Contact Person/Title		Contact Phone Number		Contact Email Address		
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SAVE	P.	ATTACH	SUBMIT	SHOVV ATTACHMENT	rs	