ARKANSAS DEPARTMENT OF HIGHER EDUCATION

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/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*

☒Program curriculum revision or existing program offered online **attach copy of "before and after" curriculum*

☐Establishment of administrative unit or reorganization of existing administrative unit **attach copy of "before and after" organization chart*

☐New certificate program (e.g. certification of proficiency, technical certificate, or graduate certificate)

Before the Proposed Change			After the Proposed Change or New Program		
Title of Old Program/Certificate	Degree Code	CIP Code	Title of New Program/Certificate	Degree	CIP Code
Doctor of Philosophy, Business Administratic	7170	52.0201	NA	NA	NA

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

Program Deletion/Inactive or Reactivation

☐Delete program(s)/option (s)/emphasis/track

☐Place program on "Inactive Status" list

☐Reactivation of program from inactive status

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

Reason for Proposed Action: To align and clarify PhD program requirements to meet ADHE standards.

Establishing a New Off-Campus Location

☐**New Off-Campus Location**

Form Approval(s)

James S. Coleman

Name of Provost/Chief Academic Officer | Signature | Date

President/Chancellor Approval Date

Board of Trustee Approval or Notification Date

Institution: University of Arkansas, Fayetteville

Terry Martin/Senior Vice Prov (479) 575-2151 tmartin@uark.edu

Contact Person/Title **Contact Phone Number** **Contact Email Address**

SAVE SUBMIT ATTACH SHOW ATTACHMENTS

Please save and email this form and supporting documents to: academic.affairs@adhe.edu