

## **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.

<b>New or Existing Program</b>	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							
Form Approval(s)							
Name of Provost/Chief Academic Officer			Signature		Date		
President/Chancellor Approval Date							
Board of Trustee Approval or							
Notification Date							
Institution:							
	(TE)* (3	C	. N. 1	G			
Contact Perso	n/ 1 itle	Contact P	hone Number	Contact E	mail Address		
		-		SHOW			
SAVE	SUBM	TA AT		SHOW ACHMENTS			