

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.

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☐ Title or CIP change	☐ Joint Bachelor	/Master's degree	(3+1 or 4+1 Program)		
☐ Program reconfiguration-prog	ram created out	of closely allied e	xisting program(s) *attach cop	y of "before and after" curriculur	n
☐ Program curriculum revision of	or existing progra	am offered online	*attach copy of "before and afte	er" curriculum	
☐Establishment of administrativ	ve unit or reorgai	nization of existin	g administrative unit *attach a	copy of "before and after" organi	zation chart
New certificate program (e.g.	certification of p	roficiency, techn	ical certificate, or graduate c	ertificate)	
	posed Change			posed Change or New Progr	am
Title of Old Program/Certificate	Degree Code	CIP Code	Title of New Program/Certificate	Degree	CIP Code
			Operations Management	Graduate Certificate	15.1501
Attach a copy of the "before and af	ter" curriculum,	is applicable			
Program Deletion/Inactive or Reactivation					Q
□Delete program(s)/option (s)/en	mphasis/track				
□Place program on "Inactive Sta	atus" list				
□Reactivation of program from	inactive status				
Program/Certificate/Option		Degree and CIP Code		Intended Date of Deletion/Inactivation MM/	
Reason for Proposed Action: O	ocesses real	uired to deliv	ver products and serv	rices Operations	
	impus Locati	J11			
□New Off-Campus Location					
Form Approval(s)					
rorm ripprovar(s)					
Charles F. Robinson				03/03/21	
Charles F. Robinson Name of Provost/Chief Academic Off	ĭcer		Signature	03/03/21	
			Signature		
Name of Provost/Chief Academic Off President/Chancellor Approval Date (Board of Trustee Approval or	03/16/21		Signature		
Name of Provost/Chief Academic Off President/Chancellor Approval Date (Board of Trustee Approval or			Signature		
Name of Provost/Chief Academic Off President/Chancellor Approval Date of Board of Trustee Approval or Notification Date)3/16/21		Signature		
Name of Provost/Chief Academic Off President/Chancellor Approval Date of Board of Trustee Approval or Notification Date)3/16/21	eville	Signature		
Name of Provost/Chief Academic Off President/Chancellor Approval Date of Board of Trustee Approval or Notification Date)3/16/21	eville	Signature		
Name of Provost/Chief Academic Off President/Chancellor Approval Date of Board of Trustee Approval or Notification Date Institution: University of Art	03/16/21 05/27/21 kansas, Fayett			Date	
Name of Provost/Chief Academic Off President/Chancellor Approval Date of Board of Trustee Approval or Notification Date Institution: University of Art Terry Martin/Ser	hior Vice Prov	(479) 575-21		Date tin@uark.edu	
Name of Provost/Chief Academic Off President/Chancellor Approval Date of Board of Trustee Approval or Notification Date Institution: University of Art	hior Vice Prov	(479) 575-21	51 tmar	Date	
Name of Provost/Chief Academic Off President/Chancellor Approval Date of Board of Trustee Approval or Notification Date Institution: University of Art Terry Martin/Ser	kansas, Fayett hior Vice Prov	(479) 575-21	51 tmar	Date tin@uark.edu	