

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	v Program	
Title of Old Program/Certificate	Degree Code	CIP Code	Title of New Program/Certificat	Degree	CIP Code	
Accounting, Master of Accountancy	6570	52.0301	NA	NA	NA	
ttach a copy of the "before and a rogram Deletion/Inactive					ն	
□Delete program(s)/option (s)/e		1011			<u> </u>	
□Delete program (s)/option (s)/e □Place program on "Inactive St						
□Reactivation of program from						
Program/Certificate/Option		Degree a	Degree and CIP Code		Intended Date of Deletion/Inactivation MM	
ason for Proposed Action: Th	e Master of Accou paring student's	Intancy program I for doctoral-level	equirements were revis career pursuits. At the	sed to more formally align to completion of the program	with the objective of students will be	
Establishing a New Off-Ca	ampus Locati	on				
□New Off-Campus Location						
I.						
Form Approval(s)						
Ferry Martin			12/15/21			
Name of Provost/Chief Academic Officer			Signature		Date	
resident/Chancellor Approval Date	01/04/22					
Board of Trustee Approval or Notification Date)3/17/22					
nstitution: University of Ar	kansas, Fayette	eville				
		(1-0)				
Ketevan Mamiseishvili, Interin (479)				kmamisei@uark.edu		
Contact Perso	n/Title	Contact F	Phone Number	Contact Email Add	ress	
and the second		TTAOL	SHOW			
SAVE	A	TTACH	ATTACHMENTS			