

## 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/Certifica	te	Degree	CIP Code
Bachelor of Science in Industrial Engineering	4210	14.3501	No changes		No changes	No changes
Attach a copy of the "before and af Program Deletion/Inactive		••				Q
Delete program(s)/option (s)/er	nphasis/track					
□Place program on "Inactive Sta	tus" list					
□Reactivation of program from i	nactive status					
Program/Certificate/Option	Degree ar	Degree and CIP Code		Intended Date of Deletion/Inactivation MM/Y		
eason for Proposed Action:	goal of this prog lergraduate curr	gram curriculum re iculum. The last m	evision is to modernize ajor revision to this pro	the content of tl gram was more	ne industrial eng than 20 years ag	ineering o.
Establishing a New Off-Ca	mpus Locati	on				
□New Off-Campus Location						
Form Approval(s)						
Ferry Martin			12/15/21			
Name of Provost/Chief Academic Officer			Signature		Date	
President/Chancellor Approval Date	1/04/22					
Board of Trustee Approval or 0 Notification Date	3/17/22					
nstitution: University of Arl	kansas, Fayett	eville				
Ketevan Mamise	ishvili Interir	u (479) 575-21	51	kmamisei@u	ıark edu	
Contact Person/Title		. ,	,		Contact Email Address	
Contact 1 erson	1/ 1 1010	Contact I	none rumber	Contact	Lillall Auuress	
SAVE	A	ATTACH	SHOW ATTACHMENTS			
Contraction of the Advanced	-					