

## 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)

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Before the Proposed Change			After	the Proposed Chang	e or New Progra	am
Title of Old Program/Certificate	Degree Code	CIP Code	Title of New Program/Certific	ate D	egree	CIP Code
Design for Collaborative Futures	MDES	09.0702	Communication Des	gn No	change	No Change
Attach a copy of the "before and at Program Deletion/Inactive						A
$\Box$ Delete program(s)/option (s)/e		1011				<u> </u>
□Place program on "Inactive Sta	•					
$\Box$ Reactivation of program from						
Program/Certificate/Option		Degree and CIP Code		Intended	Intended Date of Deletion/Inactivation MM/	
eason for Proposed Action: nec	d to address the c llaborative Future	urrent name of our s. The consultant's	tion of Schools of Art r degree, previously ca s feedback made clear	led the Master of De	sign in Design f	or
Establishing a New Off-Ca	ampus Locati	on				
□New Off-Campus Location						
Form Approval(s)						
Terry Martin				0	03/02/22	
Name of Provost/Chief Academic Officer			Signature	Date		
President/Chancellor Approval Date	03/14/22					
Board of Trustee Approval or Kotification Date	05/26/22					
<b>nstitution:</b> University of Ar	kansas, Fayett	eville				
Ketevan Mamise	ishvili, Interin	(479) 575-21	51	kmamisei@uar	k.edu	
Contact Perso		. ,	Phone Number	Contact Em		
Contact I erso				Contact Em	an muuress	
SAVE	A	ТТАСН	SHOW ATTACHMENTS			
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