

**S.C. Commission on Higher Education**  
**Notification of Change in Academic Program Status or Organizational Unit**  
**After approval by Chief Instructional Officer,**

Four- year institutions please send completed form by mail to:  
Director of Academic Affairs and Licensing  
S. C. Commission on Higher Education  
1333 Main Street, Suite 200  
Columbia, SC 29201

Or, fax to:  
  
(803) 737-2297

Technical Colleges please send completed form by mail to:  
Vice President for Academic Affairs  
South Carolina Technical College System  
111 Executive Center Drive  
Columbia, SC 29210

1. Institution \_\_\_\_\_
2. Implementation date for change: \_\_\_\_\_
3. Program Title including options, concentrations, tracks (See definition, p. 6)  
\_\_\_\_\_
4. Designation, type, and level of degree (if a baccalaureate, please specify 4- or 5-year)  
\_\_\_\_\_
5. Site of delivery \_\_\_\_\_
6. Delivery mode (See definition, p.4) and percentage of coursework offered by each mode: \_\_\_\_\_
7. CIP Code (confirmed by CHE):\_\_\_\_\_ Site Code (assigned by CHE):\_\_\_\_\_
8. Nature of change and summary of the rationale for and objectives of the program  
(Please include the number of credit hours the change entails.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Curricular display: courses in the major (prefix, number, and title); information on general education and electives requirements; number of credits required for graduation

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**If the proposed change involves offering an existing degree program at a new site, complete items 10-15. If not, go to item 15:**

10. Provide a copy of the Notification of Substantive Change used to inform SACS COC of the proposed new program location.

11. Describe faculty resources required and the source of faculty for the program:

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12. Proposed termination date of the program (if applicable): \_\_\_\_\_

13. Source of funding (e.g., student tuition, contract, grant):

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14. Will the proposed program involve a request for additional state funding?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. \_\_\_\_\_

Signature of Institution's  
Chief Instructional Officer

Date