

**S.C. Commission on Higher Education**  
**Notification of Change in an Academic Program or Organizational Unit**  
(One Program per Form)

Institution: \_\_\_\_\_

Implementation date for change: \_\_\_\_\_

Current program title, including concentrations, options, and tracks: \_\_\_\_\_

\_\_\_\_\_  
Degree designation, type, and level (if baccalaureate, please specify four- or five-year): \_\_\_\_\_

\_\_\_\_\_  
Site of delivery: \_\_\_\_\_

Mode of delivery and percentage of coursework offered by each mode: \_\_\_\_\_

\_\_\_\_\_  
CIP code (confirmed by CHE): \_\_\_\_\_ Site code (assigned by CHE): \_\_\_\_\_

Nature of change and summary of the rationale for and objectives of the program:  
(Please include the number of credit hours the change entails.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course required for new certificates, concentrations, option, or tracks (prefix, number, title, and credit hours):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information on courses in major, general education and electives requirements, and the number of credits required for graduation, if changing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Chief Executive or Chief Academic Officer

\_\_\_\_\_  
Date