

LETTER OF NOTIFICATION – 1

NAME CHANGE OF EXISTING CERTIFICATE, DEGREE, MAJOR, OPTION OR ORGANIZATIONAL UNIT

(No change in program curriculum, option/emphasis or organizational structure)

1. Institution submitting request:
2. Contact person/title:
3. Phone number/e-mail address:
4. Proposed effective date:
5. Current title of degree/certificate program:
6. Current title of major or option:
7. Current title of organizational unit:
8. Proposed name of certificate/degree:
9. Proposed name of major or option:
10. Proposed name of organizational unit:
11. Program CIP Code:
12. Degree/Department Code:
13. Reason for proposed action:
14. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer:

Date:

LETTER OF NOTIFICATION – 2

ESTABLISHMENT OF ADMINISTRATIVE UNIT

(Center, Division or Institute not offering primary faculty appointments or certificate/degree programs)

1. Institution submitting request:
2. Contact person/title:
3. Phone number/e-mail address:
4. Name of Proposed Administrative Unit:
5. Proposed Location:
6. Distance of proposed unit from main campus:
7. Reason for proposed action:
8. Mission and role for proposed unit:
9. Provide current and proposed organizational chart.
10. Copy of e-mail notification to other institutions in the area of proposed location and their responses; include your reply to the institutional responses.
11. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Approval or Notification Date:

Chief Academic Officer:

Date:

LETTER OF NOTIFICATION – 3

NEW OPTION, CONCENTRATION, EMPHASIS

(Maximum 18 semester credit hours of theory courses and 6 credit hours of practicum courses)

1. Institution submitting request:
2. Contact person/title:
3. Phone number/e-mail address:
4. Proposed effective date:
5. Title of existing degree program:
(Indicate if the degree listed above is approved for distance delivery)
6. CIP Code:
7. Degree Code:
8. Proposed name of new option/concentration/emphasis:
9. Reason for proposed action:
10. Provide the following:
 - a. Curriculum outline - List of courses in new option/concentration/emphasis – Underline required courses
 - b. Total semester credit hours required for option/concentration/emphasis
(Option range: 9–24 semester credit hours)
 - c. New courses and new course descriptions
 - d. Goals and objectives of program option
 - e. Expected student learning outcomes
 - f. Documentation that program option meets employer needs
 - g. Student demand (projected enrollment) for program option
 - h. Name of institutions offering similar program or program option and the institution(s) used as a model to develop the proposed program option
11. Institutional curriculum committee review/approval date:
12. Will the new option be offered via distance delivery? Indicate mode of distance delivery:
13. Explain in detail the distance delivery methods/procedures to be used:
14. Specify the amount of additional costs required for program implementation, the source of funds, and how funds will be used.
15. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer

Date:

LETTER OF NOTIFICATION – 4

ESTABLISHMENT OF NEW ADMINISTRATIVE UNIT

(Instruction, Research or Service Institute/Center fully supported by non-state funds)

1. Institution submitting request:
2. Contact person/title:
3. Phone number/e-mail address:
4. Name of Proposed Institute/Center:
5. Proposed Location:
6. Distance of proposed unit from main campus:
7. Reason for proposed action:
8. Mission and role for proposed Institute/Center?
9. Provide current *and* proposed organizational chart.
10. Identify non-state funding sources and expected length of funding.
11. Provide copy of financial agreement or Memorandum of Understanding (MOU).
12. Projected annual budget.
13. Termination date of funding from the non-state sources.
14. Termination date of Center/Institute operation when funding ends.
15. If location is off-campus, provide copy of e-mail notification to other institutions in the area of proposed unit and location and their responses; include your reply to the institutional responses.
16. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Approval or Notification Date:

Chief Academic Officer:

Date:

LETTER OF NOTIFICATION – 5

DELETION

(Certificate, Degree, Option, Organizational Unit)

1. Institution submitting request:
2. Contact person/title:
3. Phone number/e-mail address:
4. Proposed effective date:
5. Title of certificate, degree program, option, or organizational unit:
6. CIP Code:
7. Degree Code:
8. Reason for deletion:
9. Number of students still enrolled in program:
10. Expected graduation date of last student:
11. Name of courses that will be deleted as a result of this action:
12. How will students in the deleted program be accommodated?
Provide documentation of written notification to students currently enrolled in program.
13. Indicate the amount of program funds available for reallocation:
14. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer:

Date:

LETTER OF NOTIFICATION – 6

Inactive/Reactivate Program

1. Institution submitting request:
2. Contact person/title:
3. Phone number/e-mail address:
4. Proposed effective date:
5. Title of degree program:
6. CIP Code:
7. Degree Code:
8. Reason for proposed action:

_____ Inactive status (Program on inactive status for 5 years will be removed from the AHECB approved program inventory, and cannot be reactivated with a Letter of Notification)

- Provide the number of students enrolled in program and projected program completion date:
- How will students in the inactive program be accommodated?
- Provide documentation of written notification to students currently enrolled in program.

_____ Reactivate program (inactive status less than 5 years)

- Provide reason for proposed action
- Provide curriculum outline–List of new courses/descriptions–Total semester credit hours required:

9. Institutional curriculum committee review/approval date:
10. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer:

Date:

LETTER OF NOTIFICATION – 7

REORGANIZATION OF EXISTING ORGANIZATIONAL UNITS

1. Institution submitting request:
2. Contact person/title:
3. Phone number/e-mail address:
4. Proposed effective date:
5. Name of current organizational unit:
6. Name of proposed unit:
7. Reason for proposed change:
8. Provide current and proposed organizational chart.
9. Provide staffing and budget for new organizational unit:
10. If proposed change results in a reallocation of funds, which department/program will receive the reallocated funds?
11. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer:

Date:

LETTER OF NOTIFICATION – 8

UNDERGRADUATE CERTIFICATE PROGRAM (7-18 SEMESTER CREDIT HOURS)

1. Institution submitting request:
2. Contact person/title:
3. Phone number/e-mail address:
4. Proposed effective date:
5. Name of proposed Undergraduate Certificate Program (Program must consist of 7-18 semester credit hours):
6. Proposed CIP Code:
7. Reason for proposed program implementation:
8. Provide the following:
 - a. Curriculum outline - List of courses in new program – Underline required courses
 - b. Total semester credit hours required for proposed program (Program range: 7-18 semester credit hours)
 - c. New courses and new course descriptions
 - d. Program goals and objectives
 - e. Expected student learning outcomes
 - f. Documentation that program meets employer needs
 - g. Student demand (projected enrollment) for proposed program
 - h. Program approval letter from licensure/certification entity, if required
 - i. Name of institutions offering similar programs and the institution(s) used as model to develop proposed program
 - j. Scheduled program review date (within 10 years of program implementation)
9. Institutional curriculum committee review/approval date:
10. Will this program be offered on-campus, off-campus, or via distance delivery? Indicate mode of distance delivery.
11. Identify off-campus location. Provide a copy of email notification to other institutions in the area of the proposed off-campus program offering and their responses; include your reply to the institutional responses.
12. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer:

Date:

LETTER OF NOTIFICATION – 9

UNDERGRADUATE CERTIFICATE PROGRAM

(24-42 semester credit hours)

(75 percent of the coursework currently offered in existing associate or bachelor's degree program)

1. Institution submitting request:
2. Contact person/title:
3. Phone number/e-mail address:
4. Proposed effective date:
5. Name of proposed Undergraduate Certificate Program (Program must consist of 24-42 semester credit hours).
6. Proposed CIP Code:
7. Reason for proposed program implementation:
8. Provide the following:
 - a. Curriculum outline - List of courses in new program – Underline required courses
 - b. Total semester credit hours required for proposed program (Program range: 24-42 semester credit hours)
 - c. New courses and new course descriptions
 - d. Program goals and objectives
 - e. Expected student learning outcomes
 - f. Documentation that program meets employer needs
 - g. Student demand (projected enrollment) for proposed program
 - h. Program approval letter from licensure/certification entity, if required
 - i. Name of institutions offering similar programs and the institution(s) used as model to develop proposed program
 - j. Scheduled program review date (within 10 years of program implementation)
9. Institutional curriculum committee review/approval date:
10. Will this program be offered on-campus, off-campus, or via distance delivery? Indicate mode of distance delivery.
11. Identify off-campus location. Provide a copy of e-mail notification to other institutions in the area of the proposed off-campus program offering and their responses; include your reply to the institutional responses.
12. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer:

Date:

LETTER OF NOTIFICATION - 10

GRADUATE CERTIFICATE PROGRAM (12-18 SEMESTER CREDIT HOURS)

1. Institution submitting request:
2. Contact person/title:
3. Phone number/e-mail address:
4. Proposed effective date:
5. Name of proposed Graduate Certificate Program (Program must consist of 12-18 semester credit hours from existing graduate courses).
6. Proposed CIP Code
7. Reason for proposed program implementation;
8. Provide the following:
 - a. Curriculum outline - List of courses in new program – Underline required courses
 - b. Total semester credit hours required (Program range: 12-18 graduate semester credit hours)
 - c. New courses and course descriptions
 - d. Program goals and objectives
 - e. Expected student learning outcomes
 - f. Documentation that program meets employer needs
 - g. Student demand (projected enrollment) for program
 - h. Name of institutions offering similar program and the institutions used as a model to develop the proposed program
 - i. Scheduled program review date (within 10 years of program implementation)
9. Provide documentation that proposed program has received full approval by licensure/certification entity, if required. (A graduate certificate offered for teacher/educator administrator licensure must be reviewed/approved by the Arkansas Department of Education prior to consideration by the Coordinating Board; therefore, the Education Protocol Form must be submitted to ADHE along with the Letter of Notification.)
10. Institutional curriculum committee review/approval date:
11. Will this program be offered on-campus, off-campus or via distance delivery? Indicate mode of distance delivery.
12. Identify off-campus location. Provide a copy of e-mail notification to other institutions in the area of the proposed off-campus program offering and their responses; include your reply to the institutional responses.
13. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer:

Date:

LETTER OF NOTIFICATION – 11

RECONFIGURATION OF EXISTING DEGREE PROGRAMS (Consolidation or Separation of Degrees to Create New Degree)

1. Institution submitting request:
2. Contact person/title:
3. Title(s) of degree programs to be consolidated/reconfigured:
4. Current CIP Code(s)/Current Degree Code(s):
5. Proposed title of consolidated/reconfigured program:
6. Proposed CIP Code for new program:
7. Proposed Effective Date:
8. Reason for proposed program consolidation/reconfiguration:
(Indicate student demand (projected enrollment) for the proposed program and document that the program meets employer needs)
9. Provide **current** and **proposed** curriculum outline by semester. Indicate total semester credit hours required for the proposed program. Underline new courses and provide new course descriptions. (If existing courses have been modified to create new courses, provide the course name/description for the current/existing courses and indicate the related new/modified courses.) Identify required general education core courses with an asterisk.
10. Provide program budget. Indicate amount of funds available for reallocation.
11. Provide current and proposed organizational chart.
12. Institutional curriculum committee review/approval date:
13. Are the existing degrees offered off-campus or via distance delivery?
14. Will the proposed degree be offered on-campus, off-campus, or via distance delivery?
15. Identify mode of distance delivery or the off-campus location for the proposed program.
16. Provide documentation that proposed program has received full approval by licensure/certification entity, if required. (A program offered for teacher/education administrator licensure must be reviewed/approved by the Arkansas Department of Education prior to consideration by the Coordinating Board; therefore, the Education Protocol Form also must be submitted to ADHE along with the Letter of Notification).
17. Provide copy of e-mail notification to other institutions in the area of the proposed program and their responses; include your reply to the institutional responses.
18. List institutions offering similar program and identify the institutions used as a model to develop the proposed program.
19. Provide scheduled program review date (within 10 years of program implementation).
20. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer:

Date:

LETTER OF NOTIFICATION – 12

EXISTING CERTIFICATE or DEGREE PROGRAM OFFERED AT OFF-CAMPUS LOCATION

1. Institution submitting request:
2. Contact person/title:
3. Phone number/e-mail address:
4. Name of existing program.
5. Proposed effective date:
6. Proposed location of off-campus site.
7. Distance of proposed site from main campus.
8. Reason for offering proposed program at off-campus site.
9. Identify courses and/or degrees to be offered at the proposed site.
10. Will students be able to complete all program requirements at this location? If not, where?
11. Institutional curriculum committee review/approval date:
12. Provide copy of draft Memorandum of Understanding (MOU) with partner institutions/organizations. [Submit final MOU signed by partner institutions or organizations upon completion of ADHE proposal review.]
13. Provide copy of e-mail notification to other institutions in the area of the proposed program and their responses; include your reply to the institutional responses.
14. List Arkansas public colleges and universities within 60 miles of proposed location offering similar courses and/or degree programs.
15. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer:

Date:

LETTER OF NOTIFICATION – 13

EXISTING CERTIFICATE or DEGREE OFFERED via DISTANCE TECHNOLOGY

Institutions with at least one certificate or degree program approved for distance technology by the Arkansas Higher Education Coordinating Board must submit Letter of Notification-13 to request approval to offer additional existing (on-campus) certificates or degrees via distance technology. The institution must submit to ADHE a copy of the e-mail notification to the Higher Learning Commission (HLC) about the proposed distance technology program. If HLC requires a focused visit for the proposed distance technology program, please submit the scheduled review date.

Definitions

Distance technology (e-learning) – When technology is the primary mode of instruction for the course (50% of the course content is delivered electronically).

Distance instruction – When a course does not have any significant site attendance, but less than 50% of the course is delivered electronically, e.g., correspondence courses.

Distance program – When at least 50% of the major courses are delivered via distance technology.

1. Institution submitting request:
2. Contact person/title:
3. Telephone number/e-mail address:
4. Name of Existing Certificate or Degree:
5. Proposed Effective Date for distance technology delivery:
6. CIP Code/Degree Code:

PROGRAM INFORMATION

7. Reason for offering program by distance technology:
8. Provide the list of courses (course number/title) in the certificate or degree listed above currently offered by distance technology. Indicate which existing distance technology courses are taught by adjunct faculty.
9. List of new courses and course descriptions for distance technology courses for the degree listed above. Indicate which new distance technology courses will be taught by adjunct faculty.
10. Provide the course syllabus for each distance technology course for the program listed above and indicate the maximum class size for each distance course. Indicate the course delivery mode(s) and class interaction mode(s) for each distance technology course.

Course delivery modes

Online

Compressed-video (CIV)

Audio Conference

Video Conference

Web Conference

Blended delivery (identify components)

Class interaction modes

Electronic bulletin boards

E-mail

Telephone

Fax

Chat

Blog

Other (specify)

11. Discuss the provisions for instructor-student and student-student interaction that are included in the program design and the course syllabus.
12. Provide a semester-by-semester degree plan/course schedule for student access to all courses necessary to complete the program.
13. Provide a list of services that will be supplied by consortia partners or outsourced to another organization (faculty/instructional support, course materials, course management and delivery, library-related services, bookstore services, services providing information to students, technical services, administrative services, online payment arrangements, student privacy consideration, services related to orientation, advising, counseling or tutoring, etc.) **Include the draft contract/Memorandum of Understanding (MOU) for each partner/organization offering faculty/instructional support for the program.** Submit final contract/MOU signed by partner institutions or organizations upon completion of ADHE proposal review.
14. Estimate costs for the proposed distance technology program for the first 3 years. Include faculty release time costs for course/program planning and delivery.
15. Provide institutional curriculum committee review/approval date for proposed distance technology program.
16. Provide documentation that proposed program has been reviewed/approved for distance technology delivery by licensure/certification board/agency, if required. [HLC review must follow ADHE review and AHECB program approval.]
17. Provide additional program information if requested by ADHE staff.

INSTITUTIONAL APPROVAL

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer:

Date:

LON-13