

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	r/Master's degree	(3+1 or 4+1 Program)			
☐Program reconfiguration-prog	ram created out	of closely allied	existing program(s) *attach	copy of "before and after" curr	iculum	
☐ Program curriculum revision o	or existing progra	am offered online	*attach copy of "before and	after" curriculum		
☐Establishment of administrativ	e unit or reorgan	nization of existin	ng administrative unit *atta	sch copy of "before and after" o	rganization chart	
☐New certificate program (e.g.	certification of p	roficiency, techn	ical certificate, or graduat	e certificate)		
Before the Pro	posed Change			Proposed Change or New P	rogram	
Title of Old Program/Certificate	Degree Code	CIP Code	Title of New Program/Certificate	Degree	CIP Code	
Attach a copy of the "before and af	ter" curriculum,	as applicable				
Program Deletion/Inactive						
Delete program(s)/option (s)/er						
□Place program on "Inactive Sta	=					
□Reactivation of program from						
Program/Certificate/Option		Degree a	nd CIP Code	Intended Date of De	Intended Date of Deletion/Inactivation MM/Y	
.0						
Establishing a New Off-Ca □New Off-Campus Location	impus Locati	on				
Form Approval(s)						
Name of Provost/Chief Academic Officer			Signature	Date		
President/Chancellor Approval Date						
Board of Trustee Approval or Notification Date						
Institution:						
Contact Person	n/Title	Contact I	Phone Number	Contact Email Addres	is	
SAVE	Д	TTACH		SHOW ATTACHME		