|  |  |
| --- | --- |
| For Academic Affairs and Research Use Only | |
| CIP Code: |  |
| Degree Code: |  |

**Letter of Notifications**

**[ ] Undergraduate Curriculum Council**

**[ ] Graduate Council**

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

Email completed proposals to [curriculum@astate.edu](mailto:curriculum@astate.edu) for inclusion in curriculum committee agenda.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Department Curriculum Committee Chair** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **COPE Chair (if applicable)** |
| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Department Chair:** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Head of Unit (If applicable)** |
| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **College Curriculum Committee Chair** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Undergraduate Curriculum Council Chair** |
| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **College Dean** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Graduate Curriculum Committee Chair** |
| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **General Education Committee Chair (If applicable)** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Vice Chancellor for Academic Affairs** |

**If you require to fill out a Letter of Notification, please email** [**curriculum@astate.edu**](mailto:curriculum@astate.edu) **or contact Academic Affairs and Research at (870) 972-2030 for guidance PRIOR TO submitting these through the curricular process.**

**1.Contact Person** (Name, Email Address, Phone Number)

Enter text...

**Guide to ADHE Letter of Notifications**

All documentation to be sent to ADHE must be submitted by the Office of Academic Affairs and Research (AAR), and must go through regular curriculum process. Please see the following specific curriculum forms created for changes requiring:

|  |  |
| --- | --- |
|  | Established form |
| LON 3 - NEW OPTION, CONCENTRATION, EMPHASIS | New\_Emphasis\_Concentration\_or\_Option\_Proposal\_Form |
| LON 5 - DELETION  (Certificate, Degree, Option/Emphasis/Concentration, Organizational Unit) | Program\_Emphasis\_or\_Minor\_Deletion\_Proposal\_Form |
| LON 11 - RECONFIGURATION OF EXISTING DEGREE PROGRAMS  (Consolidation or Separation of Degrees to Create New Degree) | Reconfig\_Program\_Proposal\_Form |
| For all other LONs, please utilize this form. All other LONs are included in the following pages. A guide for LON selection is available below. Please select the one you require and delete the others, and submit this form through the regular curriculum process. | |

|  |  |  |
| --- | --- | --- |
|  | **Guide to LON Selection** | IMPORTANT NOTES |
| LON 1 | NAME CHANGE OF EXISTING CERTIFICATE, DEGREE, MAJOR, OPTION  OR ORGANIZATIONAL UNIT  (No change in program curriculum, option/emphasis/concentration or organizational structure) |  |
| LON 1-C | CIP CODE CHANGE REQUEST  (No change in program curriculum) | Contact AAR prior to completing this paperwork. |
| LON 2 | ESTABLISHMENT OF ADMINISTRATIVE UNIT  (Center, Division or Institute not offering primary faculty appointments or certificate/degree programs) | Contact AAR prior to completing this paperwork. |
| LON 3 | NEW OPTION, EMPHASIS or CONCENTRATION | Please fill out the appropriate Curriculum Proposal Form as outlined above. The LON is attached to this form. |
| LON 4 | ESTABLISHMENT OF NEW ADMINISTRATIVE UNIT  (Instruction, Research or Service Institute/Center fully supported by non-state funds) | Contact AAR prior to completing this paperwork. |
| LON 5 | DELETION  (Certificate, Degree, Option/Emphasis/Concentration, Organizational Unit) | Please fill out the appropriate Curriculum Proposal Form as outlined above. The LON is attached to this form. |
| LON 6 | Inactive/Reactivate Program | Contact AAR prior to completing this paperwork. |
| LON 7 | REORGANIZATION OF EXISTING ORGANIZATIONAL UNITS | Contact AAR prior to completing this paperwork. |
| LON 8 | UNDERGRADUATE CERTIFICATE PROGRAM  (6-21 semester credit hours) |  |
| LON 9 | UNDERGRADUATE CERTIFICATE PROGRAM  (21-45 semester credit hours)  (75 percent of the coursework currently offered in existing associate or bachelor’s degree program) |  |
| LON 10 | GRADUATE CERTIFICATE PROGRAM  (12-21 semester credit hours) |  |
| LON 11 | RECONFIGURATION OF EXISTING DEGREE PROGRAMS  (Consolidation or Separation of Degrees to Create New Degree) | Please fill out the appropriate Curriculum Proposal Form as outlined above. The LON is attached to this form. |
| LON 11A | RECONFIGURATION OF EXISTING ASSOCIATE DEGREE PROGRAM  (Associate of Arts/Associate of Science changed to Associate of Applied Science)  [separate form required for each degree reconfiguration] | Contact AAR prior to completing this paperwork. |
| LON 11C | CURRICULUM REVISION OF EXISTING CERTIFICATE OR DEGREE PROGRAM |  |
| LON 11D | PROGRAM RECONFIGURATION  Existing Certificate/Degree Reconfigured To Create New Certificate/Degree Offered on Campus and/or by Distance Technology |  |
| LON 11M | RECONFIGURATION OF EXISTING DEGREE PROGRAMS  Modification to Create New Degree  (75% of coursework from existing degree) |  |
| LON 11R | REVISION OF EXISTING CERTIFICATE OR DEGREE PROGRAM  (Act 747) |  |
| LON 11T | RECONFIGURATION OF EXISTING DEGREE PROGRAMS  FOR TRANSFER PURPOSES  Associate of Arts (AA) or Associate of Applied Science (AAS)  Reconfigured to create Associate of Science (AS) in designated field of study  [A separate form is required for each degree reconfiguration] | Contact AAR prior to completing this paperwork. |
| LON 12 | EXISTING CERTIFICATE or DEGREE PROGRAM OFFERED AT OFF-CAMPUS LOCATION |  |
| LON 13 | EXISTING CERTIFICATE or DEGREE OFFERED via DISTANCE TECHNOLOGY |  |

**Bulletin Changes**

|  |
| --- |
| **Instructions** |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Follow the following guidelines for indicating necessary changes.**  **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.**  - Deleted courses/credit hours should be marked with a red strike-through (~~red strikethrough~~)  - New credit hours and text changes should be listed in blue using enlarged font (blue using enlarged font).  - Any new courses should be listed in blue bold italics using enlarged font (***blue bold italics using enlarged font***)  *You can easily apply any of these changes by selecting the example text in the instructions above, double-clicking the ‘format painter’ icon 🡪 , and selecting the text you would like to apply the change to.*  *Please visit* [*https://youtu.be/yjdL2n4lZm4*](https://youtu.be/yjdL2n4lZm4) *for more detailed instructions.* |

Paste bulletin pages here...

**LETTER OF NOTIFICATION – 1**

**NAME CHANGE OF EXISTING CERTIFICATE, DEGREE, MAJOR, OPTION**

**OR ORGANIZATIONAL UNIT**

(No change in program curriculum, option/emphasis/concentration 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/emphasis/concentration:
  7. Current title of organizational unit:
  8. Proposed name of certificate/degree:
  9. Proposed name of major or option/emphasis/concentration:
  10. Proposed name of organizational unit:
  11. Program CIP Code:
  12. Degree/Department Code:
  13. Reason for proposed action:
  14. Semester credit hours for proposed major or option/emphasis/concentration:
  15. Provide the curriculum/credit hours for the certificate/degree/major/option/emphasis/concentration listed above.
  16. 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 – 1C**

**CIP CODE CHANGE REQUEST**

(No change in program curriculum**)**

**Link to CIP Code Website:** [**http://nces.ed.gov/ipeds/cipcode/crosswalk.aspx?y=55**](http://nces.ed.gov/ipeds/cipcode/crosswalk.aspx?y=55)

1. Institution submitting request:
2. Contact person/title:
3. Phone number/e-mail address:
4. Current CIP Code:
5. Current CIP Code Definition:
6. Proposed CIP Code:
7. Proposed CIP Code Definition:
8. Provide Program Names **and** Degree Codes that will be assigned the proposed CIP Code:
9. Proposed effective date:
10. Reason for CIP Code Change:
11. Provide documentation of institutional approval of the proposed CIP Code change; and submit the documents that provide evidence (such as highlighted course descriptions or course syllabi) that the proposed CIP Code is more appropriate.
12. Provide additional information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date, if required by institutional policy:

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. Provide copy of e-mail notification to other institutions in the area of proposed location
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 – 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.
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 – 6**

**Inactive/Reactivate Program**

1. Institution submitting request:
2. Contact person/title:

1. Phone number/e-mail address:
2. Proposed effective date (last date for new student enrollments):
3. Title of degree program:
4. CIP Code:
5. Degree Code:
6. Reason for proposed action:

\_\_\_\_\_ **Inactive status – No new students can be admitted to the program after the effective date.** (Program on inactive status for 5 years will be removed from the AHECB approved program inventory.)

Provide the following information:

* + 1. Reason for proposed action - placing program on inactive status.
    2. Number of students enrolled in program.
    3. How will students in the inactive program be accommodated?
    4. Projected program completion date.
    5. Provide documentation of written notification to students currently enrolled in the program.

\_\_\_\_\_\_ **Reactivate program** (Program on inactive status less than 5 years):

Provide the following information:

* + - 1. Justification for program reactivation.
      2. Curriculum outline by semester including total semester credit hours required.
      3. List of new courses.
      4. New course descriptions.
      5. Program goals and objectives.
      6. Expected student learning outcomes.
      7. Program approval letter from licensure/certification entity, if required.
      8. Scheduled program review date (within 10 years of program implementation)
      9. Provide a copy of written notification to other institutions in the area of the proposed program offering.

1. Institutional curriculum committee review/approval date, if required:
2. 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**

(6-21 SEMESTER CREDIT HOURS)

1. Institution submitting request:

1. Contact person/title:
2. Phone number/e-mail address:
3. Proposed effective date:
4. Name of proposed Undergraduate Certificate Program (Program must consist of 6-21 semester credit hours):
5. Proposed CIP Code:
6. Reason for proposed program implementation:
7. Provide the following:
   * 1. Curriculum outline - List of courses in new program – Underline required courses
     2. Total semester credit hours required for proposed program (Program range: 6-21 semester credit hours)
     3. New courses and new course descriptions
     4. Program goals and objectives
     5. Expected student learning outcomes
     6. Documentation that program meets employer needs
     7. Student demand (projected enrollment) for proposed program
     8. Program approval letter from licensure/certification entity, if required
     9. Name of institutions offering similar programs and the institution(s) used as model to develop proposed program
     10. Scheduled program review date (within 10 years of program implementation)
8. Institutional curriculum committee review/approval date:
9. Will this program be offered on-campus, off-campus, or via distance delivery? If yes, indicate mode of distance delivery. Mark \*distance technology courses.
10. Identify off-campus location. Provide a copy of email notification to other institutions in the area of the proposed off-campus program offering.
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 – 9**

**UNDERGRADUATE CERTIFICATE PROGRAM**

(21-45 semester credit hours)

(75 percent of the courseworkcurrently offered inexisting associate or bachelor’s degree program)

1. Institution submitting request:

1. Contact person/title:
2. Phone number/e-mail address:
3. Proposed effective date:
4. Name of proposed Undergraduate Certificate Program (Program must consist of 21-45 semester credit hours).
5. Proposed CIP Code:
6. Reason for proposed program implementation:
7. Provide the following:

a. Curriculum outline - List of courses in new program – Underline required courses

1. Total semester credit hours required for proposed program (Program range: 21-45 semester credit hours)
2. New courses and new course descriptions
3. Program goals and objectives
4. Expected student learning outcomes
5. Documentation that program meets employer needs
6. Student demand (projected enrollment) for proposed program
7. Program approval letter from licensure/certification entity, if required
8. Name of institutions offering similar programs and the institution(s) used as model to develop proposed program
9. Scheduled program review date (within 10 years of program implementation)
10. Institutional curriculum committee review/approval date:
11. Will this program be offered on-campus, off-campus, or via distance delivery? If yes, 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.
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 - 10**

**GRADUATE CERTIFICATE PROGRAM**

(12-21 SEMESTER CREDIT HOURS)

1. Institution submitting request:

1. Contact person/title:
2. Phone number/e-mail address:
3. Proposed effective date:
4. Name of proposed Graduate Certificate Program (Program must consist of 12-21 semester credit hours from existing graduate courses).
5. Proposed CIP Code:
6. Reason for proposed program implementation:
7. Provide the following:
   1. Curriculum outline - List of courses in new program – Underline required courses
   2. Total semester credit hours required (Program range: 12-21 graduate semester credit hours)
   3. New courses and course descriptions
   4. Program goals and objectives
   5. Expected student learning outcomes
   6. Documentation that program meets employer needs
   7. Student demand (projected enrollment) for program
   8. Name of institutions offering similar program and the institution(s) used as a model to develop the proposed program
   9. Scheduled program review date (within 10 years of program implementation)
8. 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.)
9. Institutional curriculum committee review/approval date:
10. Will this program be offered on-campus, off-campus or via distance delivery? If yes, 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.
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 – 11A**

**RECONFIGURATION OF EXISTING ASSOCIATE DEGREE PROGRAM**

**(Associate of Arts/Associate of Science changed to Associate of Applied Science)**

[separate form required for each degree reconfiguration]

1. Institution submitting request:
2. Contact person/title:
3. Title of degree program to be reconfigured:
4. Current Degree Code:
5. Proposed title of reconfigured program: Associate of Applied Science in **(insert field of study)**
6. Proposed CIP Code for new AAS program:
7. Proposed Effective Date:
8. **Provide current AA or AS curriculum outline and proposed AAS curriculum outline**. Indicate total semester credit hours required for the proposed AS program. Identify required \*15-hour state minimum general education core courses.
9. Institutional curriculum committee review/approval date, if required by institutional policy:
10. Provide additional program information requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date, if required by President/Chancellor:

Chief Academic Officer: Date:

**LETTER OF NOTIFICATION – 11C**

**CURRICULUM REVISION OF EXISTING CERTIFICATE OR DEGREE PROGRAM**

1. Institution submitting request:
2. Contact person/title:
3. Title of certificate/degree program:
4. CIP Code:
5. Degree Code:
6. Effective Date:
7. Reason for proposed change:
8. Provide **current** and **revised** curriculum outline. (Indicate total credit hours for current certificate/degree and total credit hours for revised certificate/degree.)
9. Institutional curriculum committee review/approval date for revised degree:
10. Provide additional program information requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer: Date:

**LETTER OF NOTIFICATION - 11D**

**PROGRAM RECONFIGURATION**

**Existing Certificate/Degree Reconfigured To Create New Certificate/Degree Offered on Campus and/or by 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-11D to request approval to reconfigure existing certificates or degrees to create a new certificate or degree offered via distance technology.***

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(s) or Degree(s):
5. Current CIP Code(s):
6. Current Degree Code(s):
7. Proposed Title of Reconfigured Certificate or Degree:
8. Proposed Effective Date:
9. Proposed CIP Code:

**PROGRAM INFORMATION**

1. Program Summary/Reason for Program Reconfiguration:
2. Provide the organizational chart for the current certificate/degree and the proposed organizational chart for the new certificate/degree program.
3. Provide the **current** degree plan(s) and the **proposed** curriculum (course number/title) for the proposed certificate/degree program reconfiguration. Mark\* courses that will be taught by adjunct faculty.
4. Provide the list of courses (course number/title) in the proposed certificate or degree currently offered by distance technology.
5. If new courses will be added, provide the list of new courses (proposed course number/title) and the new course descriptions for the proposed certificate/degree.
6. For courses currently not offered by distance technology, provide the course syllabus for each of these courses for the proposed program and indicate the maximum class size for each distance course.
7. Course delivery mode (check all that apply):

Online

Compressed-video (CIV)

Audio Conference

Video Conference

Web Conference

Blended delivery (identify components)

1. Class interaction mode (check all that apply):

Electronic bulletin boards

E-mail

Telephone

Fax

Chat

Blog

Other (specify)

1. Provide the percentage of the program that is offered via distance (50%, 75%, etc.).
2. Provide a semester-by-semester plan/schedule for student access to all courses necessary to complete the proposed program.
3. 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/MOU for each partner/organization offering faculty/instructional support for the program.
4. Provide institutional curriculum committee review/approval date for the proposed program.
5. Provide documentation that the proposed program has been approved for distance technology delivery by licensure/certification board/agency, if required.
6. Provide copy of e-mail notification to other institutions in the area of the proposed program.
7. Provide additional program information requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer: Date:

**LETTER OF NOTIFICATION – 11M**

**RECONFIGURATION OF EXISTING DEGREE PROGRAMS**

**Modification to Create New Degree**

**(75% of coursework from existing degree)**

1. Institution submitting request:
2. Contact person/title:
3. Title(s) of degree programs to be modified:
4. Current CIP Code(s):
5. Current Degree Code(s):
6. Proposed title of modified program:
7. Proposed CIP Code for new program:
8. Proposed Effective Date(Term/Year):
9. Reason for proposed consolidation/reconfiguration:
10. Provide **current** and **proposed** curriculum outline by semester. Indicate total semester credit hours required for the proposed program. List *new courses* (in italics) and provide new course descriptions. Underline required general education core courses and mark courses offered by distance technology with an \*asterisk.
11. Institutional curriculum committee review/approval date:
12. Provide current and proposed organizational chart.
13. Will the proposed degree be offered on-campus, off-campus, or via distance delivery? If yes, identify the mode of distance delivery.
14. Identify mode of distance delivery or the off-campus location for the proposed program.
15. Provide documentation that proposed program has received full approval by licensure/certification entity, if required. (For example: A program offered for teacher licensure must be approved by the Arkansas Department of Education prior to consideration by the Coordinating Board).
16. Provide copy of e-mail notification to other institutions in the area of the proposed program.
17. List institutions offering similar program and identify the institution(s) used as a model to develop the proposed program.
18. Provide scheduled program review date (within 10 years of program implementation).
19. 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 – 11R**

**REVISION OF EXISTING CERTIFICATE OR DEGREE PROGRAM**

**(Act 747)**

1. Institution submitting request:
2. Contact person/title:
3. Title of certificate or degree program:
4. CIP Code:
5. Degree Code:
6. Effective Date:
7. Reason for proposed change:
8. Provide **current** and **revised** curriculum outline. (Indicate total credit hours for current certificate/degree and total credit hours for revised certificate/degree.)
9. Institutional curriculum committee review/approval date for revised certificate/degree:
10. Provide additional program information requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer: Date:

**LETTER OF NOTIFICATION – 11T**

**RECONFIGURATION OF EXISTING DEGREE PROGRAMS**

**FOR TRANSFER PURPOSES**

**Associate of Arts (AA) or Associate of Applied Science (AAS)**

**Reconfigured to create Associate of Science (AS) in designated field of study**

[A separate form is required for each degree reconfiguration]

1. Institution submitting request:
2. Contact person/title:
3. Title of degree program to be reconfigured:
4. Current Degree Code:
5. Proposed title of reconfigured program: Associate of Science in **(insert field of study)**
6. Proposed CIP Code for new AS program:
7. Proposed Effective Date for AS program implementation:
8. **Provide current AA, AS or AAS curriculum outline and proposed AS curriculum outline**. Indicate total semester credit hours required for the proposed AS program. Identify required \*35-hour state minimum general education core courses.
9. **Provide a copy of the bachelor’s degree completion curriculum approved for seamless transfer by both the two-year institution and one or more four-year institutions.** The proposed AS degree must be fully transferable toward the bachelor’s degree in that designated field of study.

Include the following:

a. Indicate the degree title for the designated bachelor’s degree;

b. the total semester credit hours required for the bachelor’s degree; and,

c. the total number of semester credit hours that the transfer student must complete at the four-year institution.

1. Institutional curriculum committee review/approval date, if required by institutional policy:
2. As outlined in AHECB Policy 5.22 (Arkansas Transfer System), **provide a copy of all signed articulation agreements with Arkansas public universities for the proposed AS program/curriculum**.
3. Provide copy of e-mail notification to other institutions in the area of the proposed program.
4. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date, if required by President/Chancellor:

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 written notification to accrediting body or licensing agency of your intention to offer program at an off-campus location and their written response to you, if applicable.
14. Provide copy of e-mail notification to other institutions in the area of the proposed program.
15. List Arkansas public colleges and universities within 60 miles of proposed location offering similar courses and/or degree programs.
16. 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:
7. Degree Code:

**PROGRAM INFORMATION**

1. Program summary/justification for offering program by distance technology:
2. Provide the current certificate/degree plan. Mark\* courses that will be taught by adjunct faculty.
3. Provide the list of courses, include course number/title, for the certificate/degree program currently offered by distance technology.
4. If 100% of the program will not be offered by distance technology, list courses that **will not** be offered by distance technology.
5. For existing courses that will be offered by distance technology (for the first time), provide the course syllabus for each of these courses for the certificate/degree program and indicate the maximum class size for each distance course.
6. If new courses will be added, provide the list of new courses (proposed course number/title) and the new course descriptions for the certificate/degree.
7. 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 mode (check all that apply):

Online

Compressed-video (CIV)

Audio Conference

Video Conference

Web Conference

Blended delivery (identify components)

Class interaction mode (check all that apply):

Electronic bulletin boards

E-mail

Telephone

Fax

Chat

Blog

Other (specify)

1. Provide the percentage of the program that is offered via distance (50%, 75%, etc.).
2. Discuss the provisions for instructor-student and student-student interaction that are included in the program design and the course syllabus.
3. Provide a semester-by-semester degree plan/course schedule for student access to all courses necessary to complete the program.
4. 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.
5. Estimate costs for the proposed distance technology program for the first 3 years. Include faculty release time costs for course/program planning and delivery.
6. Provide institutional curriculum committee review/approval date for proposed distance technology program.
7. 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.]
8. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer: Date: