

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.

Please complete the Institution information below and Category 1, 2, or 3, depending on the requested change.

Institution:

Name of Provost/Chief Academic Officer _____ Signature _____ Date _____

President/Chancellor Approval Date _____

Board of Trustee Approval/Notification Date _____

Contact Person: _____ Contact Person's Title: _____

Contact Phone Number: _____ Contact Email Address _____

Category 1: New or Existing Program Modification *(select all that apply)*

- Title or CIP change
- Joint Bachelor/Master's degree (2+2, 3+1, or 4+1 Program)
- Program reconfiguration **attach copy of before & after curriculum*
- Program curriculum revision **attach copy of before and after curriculum*
- Existing program offered by distance technology
- Existing certificate or degree program offered at an existing off-campus location
- New certificate program (certification of proficiency, technical certificate, or graduate certificate) **attach copy of curriculum*

Effective Date: _____ Effective Term: _____ Effective Academic Year: _____

	Before Proposed Changes	After Proposed Changes/New Program
Program/Certificate Title		
Degree Code		X
CIP Code		
% Online (if applicable)		

Reason for Proposed Action *(attach additional pages as needed)*

Category 2: Program Deletion/Inactive or Reactivation

- Delete program/option/emphasis/track *(requires phase-out plan)*
- Place program on “Inactive Status” list *(program must have no declared students)*
- Reactivation of program from inactive status *(inactive for less than 5 years)*

Effective Date: Effective Term: Effective Academic Year:

Program/Certificate/Option	Degree Code	CIP Code

Reason for Proposed Action *(attach additional pages as needed)*

Category 3: Instruction/Research/Service Centers and Administrative/Organization Units

- Establishment of new instruction, research, or service institute/center **attach synopsis of center’s mission and role, physical address, projected annual budget, and funding sources.*
- Deletion of instruction, research, or service institute/center.
- Establishment of administrative/organization unit **attach copy of before and after organization chart*
- Reorganization/Deletion of existing administrative/organization unit **attach copy of before and after organization chart*

Effective Date: Effective Term: Effective Academic Year:

Reason for Proposed Action *(attach additional pages as needed)*



Please save and upload this form and supporting documents to: [File Transfer System](#)