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/Master's degree (3+1 or 4+1 Program)

☐Program reconfiguration-program created out of closely allied existing program(s) **attach copy of "before and after" curriculum*

☐Program curriculum revision or existing program offered online **attach copy of "before and after" curriculum*

☐Establishment of administrative unit or reorganization of existing administrative unit **attach copy of "before and after" organization chart*

☐New certificate program (e.g. certification of proficiency, technical certificate, or graduate certificate)

Before the Proposed Change			After the Proposed Change or New Program		
Title of Old Program/Certificate	Degree Code	CIP Code	Title of New Program/Certificate	Degree	CIP Code

Attach a copy of the "before and after" curriculum, as applicable

Program Deletion/Inactive or Reactivation

■Delete program(s)/option (s)/emphasis/track

☐Place program on "Inactive Status" list

☐Reactivation of program from inactive status

Bachelor of Science in Landscape Architectural Studies	2090 and 04.0601	06/30
Program/Certificate/Option	Degree and CIP Code	Intended Date of Deletion/Inactivation MM/YY

Reason for Proposed Action: The Bachelor of Science in Landscape Architectural Studies was created to provide an alternative stream for students interested in Landscape Architecture but who did not aspire to professional practice. Although a required 5- year Program Review in 2016 underscored the utility of the degree as a path for students interests in

Establishing a New Off-Campus Location

☐**New Off-Campus Location**

Form Approval(s)

Terry Martin		06/17/22
Name of Provost/Chief Academic Officer	Signature	Date

President/Chancellor Approval Date 07/01/22

Board of Trustee Approval or Notification Date 09/16/22

Institution: University of Arkansas, Fayetteville

Ketevan Mamiseishvili, Interin (479) 575-2151		kmamisei@uark.edu
Contact Person/Title	**Contact Phone Number**	**Contact Email Address**

SAVE ATTACH SHOW ATTACHMENTS

Please save and email this form and supporting documents to: academic.affairs@adhe.edu