 **OFFICE OF THE CHANCELLOR**

 **Academic Affairs**

**Notification of Program Attribute Correction: CIP and Program Type**

Applicable forMajors, Minors, Certificates and Concentrations

\*All fields must be completed as applicable.

|  |
| --- |
| **HEADER INFORMATION** |
| University: **Select university.** | Proposed Implementation Date: **Select date** |
| **TO BE CHANGED**  |
| \*If concentrations are being changed please skip this section and go to the Concentration section below.\*\*Only complete the attributes that are changing. Otherwise, leave blank. |
| Award of Program Being Affected: Click here to enter text.API Program Identifier: Click here. |
| Current CIP: Click here to enter text. | New CIP: Click here to enter text. |
| Current Program Type: **Select program type.** | New Program Type: **Select program type.** |
| **CONCENTRATION(S) TO BE CHANGED** |
| Major Name: Click here to enter text. |
| Major Award: Click here. | Major CIP: Click here to enter text. | Major API Program Identifier: Click here. |
| **\*\*If changing more than one concentration in the major, click a text field below and then click the “+” sign on the lower right-hand side of the section.** |
| Current CIP: Click here to enter text. | New CIP: Click here to enter text. |

|  |
| --- |
| **RATIONALE FOR CHANGE** |
| Explain the motivating factors leading to the decision to this change. |
| Click here to enter text. |
| **ADDITIONAL COMMENTS** |
| Provide any information you would otherwise have in your cover email. |
| Click here to enter text. |