 **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.

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| **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. | | |

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| **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. |