 **OFFICE OF THE CHANCELLOR**

**Academic Affairs**

**Notification of Program Attribute Correction or Change**

Applicable forProgram Types: Majors, Minors, Certificates, Concentrations and Teacher Certifications

This form may not be used to request substantive changes that comprise a reorganization or expedited new program approval.

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| **HEADER INFORMATION** | |
| University: **Select university.** | Proposed Implementation Date: **Select date** |
| Program Name:Click here to enter text. | Program Type: **Select program.** |
| Program Award (if program is major): Click here to enter text. | API Program Identifier: Click here. |
| Program CIP: Click here to enter text. | |
| \***For concentrations**, provide the following information about the associated major. | |
| Major Name: Click here to enter text. | Major Award: Click here. |
| Major CIP: Click here to enter text. | Major API Program Identifier: Click here. |
| **PROGRAM ATTRIBUTE TO BE CORRECTED OR CHANGED** | |
| Change / Correct CIP to: Click here to enter text. | Rationale:Click here to enter text. |
| Change / Correct Program Name to: Click here to enter text. | Rationale:Click here to enter text. |
| Change / Correct Program Type to: Click here to enter text. | Rationale:Click here to enter text. |
| **ADDITIONAL COMMENTS** | | |
| Provide any information the Office of the Chancellor may need to understand this correction or change. | | |
| Click here to enter text. | | |