***State Council of Higher Education for Virginia***

**Modified Academic Program Cover Sheet**

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| 1. Institution | | 2. Type of Modification (Check all that apply)  Credit hours  Curriculum change  New delivery format |
| 3. Name, existing program | | |
| 4. New program name (if applicable) | | |
| 5. Degree/certificate designation, existing program | 6. CIP code, existing program | |
| 7. Original degree program approval date (month and year) by Council  Degree/Certificate designation and name  CIP code (If degree program was approved after 1980.) | | |
| 8. Delivery Format(s), existing program (face-to-face/site-based, 100% web-based, hybrid, satellite) | | |
| 9. Delivery Format(s), modified program (face-to-face/site-based, 100% web-based, hybrid, satellite) | | |
| 10. Term/year of initiation, modified program | 11. Term/year of first graduates, modified program | |
| 12. For community college: local board approval date | 13. Date approved by Board of Visitors or State Board for Community Colleges | |
| 14. If the existing or modified program is/will be collaborative or joint, identify collaborating institution(s) and attach letter(s) of support from corresponding chief academic officers(s). | | |
| 15. Location of program within institution (complete for every level, as appropriate and specify the unit from the choices).  Department(s) or division of  School(s) or colleges of  Campus(es) or off-campus site(s) | | |
| 16. Name, title, and telephone number(s) of person(s) other than the institution’s chief academic officer who may be contacted by or may be expected to contact Council staff regarding the modified program. | | |