**State Council of Higher Education for Virginia**

**Academic Program Revision Cover Sheet**

**(Name, CIP Code, or Degree Designation)**

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| 1. Institution

      | 2. Program Change (Check all that apply):Name [ ] CIP code [ ] Degree/Certificate designation [ ]  |
| 3. Name, existing program      |
|  4. Degree/certificate designation, existing program       | 5. CIP code, existing program      |
| 6. Last semester and year for granting existing degree/certificate      |
| 7. New program name (if applicable)      |
| 8. Degree designation, add [ ]  revised [ ]  | 9. CIP code, revised program       |
| 10. Semester and year of initiation, revised program        | 11. Semester and year of first graduates, revised program       |
| 12. Date approved by Board of Visitors       |
| 13. For community colleges: date approved by local board      date approved by State Board for Community Colleges       |
| 14. Location of program within institution (complete for every level, as appropriate and specify the unit from the choices). Department(s) of      Division(s) of      School(s) or college(s) of      Campus(es) or off-campus site(s)       |
| 15. Name, title, telephone number(s), and email address 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 revision.       |