**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. | | | |