**State Council of Higher Education for Virginia**

**proposal for Escalation of degree-level authority**

**COVER SHEET**

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| 1. Institution
 |
| 2. Nature of Proposed Change. Please indicate change here and attach a detailed description on a separate page.   |
| 3. Degree designation of proposed program   | 4. CIP code   |
| 5. Name of proposed program  | 6. Semester and year of initiation  |
| 7. Degree designation of proposed program #2  | 8. CIP code    |
| 9. Name of proposed program   |  10. Semester and year of initiation  |
| 11. Mission Statement Change |
| Modification [ ]  | Expansion [ ]  | New [ ]  | No Change [ ]  |
| 12. Organizational Change |
| Simple [ ]  | Complex [ ]  | No Change [ ]  |
| 13. Date of Approval by the Board of Visitors for the proposed escalation. (month/day/year required)    |
| 14. Proposed Effective-Date of Escalation of Degree-Level Authority. (month/day/year required)   |
| Signed:   | Date:       |
| Title:   | Phone:   |