**MODIFICATION TO EXISTING ACADEMIC DEGREE PROGRAM**

|  |  |
| --- | --- |
| Institution: | Choose an item. |

|  |  |
| --- | --- |
| Date of anticipated modification implementation: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Modification request: | [ ] Rename[ ] Consolidate |

|  |  |
| --- | --- |
| Responsible academic unit: | Click or tap here to enter text. |
| Institutional contact:Phone:Email: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| List any institutions within the State offering similar programs: | Click or tap here to enter text. |

|  |
| --- |
| **RENAMING** - Complete this section if modification being requested is the renaming of an academic degree program. |
| Program title as it currently appears on Academic Program Inventory, Diploma, and Transcript: | Click or tap here to enter text. |
| New program title as it will appear on Academic Program Inventory, Diploma, and Transcript: | Click or tap here to enter text. |
| Degree(s) awarded: | Click or tap here to enter text. |
| Six-digit CIP code, IHL sequence code: | Click or tap here to enter text. |
| Total credit-hour requirement: | Click or tap here to enter text. |

|  |
| --- |
| **CONSOLIDATING** - Complete this section if modification being requested is the consolidation of academic degree programs. |
| Program titles as currently appears on Academic Program Inventory, Diploma, and Transcript: | Click or tap here to enter text. |
| New consolidated program title as it will appear on Academic Program Inventory, Diploma, and Transcript: | Click or tap here to enter text. |
| Degree(s) to be awarded: | Click or tap here to enter text. |
| Six-digit CIP code, IHL sequence code for consolidated program:  | Click or tap here to enter text. |
| Six-digit CIP code, IHL sequence code for program(s) that are to be eliminated through the consolidation process: (Deletion forms do not need to be completed for these.) | Click or tap here to enter text. |
| Total credit-hour requirement for new consolidated program: | Click or tap here to enter text. |

|  |
| --- |
| Please respond to the questions on the following pages to aid the institution and IHL staff in making recommendations to the IHL Board of Trustees regarding this proposal. |

|  |  |
| --- | --- |
| Chief Academic Officer Signature – Date | Institutional Executive Officer Signature – Date |

|  |  |
| --- | --- |
| Number of students enrolled in last 5 years: (For consolidation request, combine numbers for all programs to be consolidated) | Number of graduates expected in next 5 years in renamed/consolidated program: |
| Year 1 | Click or tap here to enter text. | Year 1 | Click or tap here to enter text. |
| Year 2 | Click or tap here to enter text. | Year 2 | Click or tap here to enter text. |
| Year 3 | Click or tap here to enter text. | Year 3 | Click or tap here to enter text. |
| Year 4 | Click or tap here to enter text. | Year 4 | Click or tap here to enter text. |
| Year 5 | Click or tap here to enter text. | Year 5 | Click or tap here to enter text. |
| Total | Click or tap here to enter text. | Total | Click or tap here to enter text. |

|  |
| --- |
| Program summary: |
| Click or tap here to enter text. |

|  |
| --- |
| Program Modification Questions: |
| 1 | Describe how the proposed modification fits within the mission of the institution. |
|  | Click or tap here to enter text. |
| 2 | Is this modification unnecessarily duplicative of other programs within the IHL system?  |
|  | Click or tap here to enter text. |
| 3 | Describe the anticipated institutional impact including any research efforts associated with this program. |
|  | Click or tap here to enter text. |
| 4 | Are there any anticipated budget savings associated with the proposed modification? |
|  | Click or tap here to enter text. |
| 5 | Are there any changes to the educational objectives of the degree program associated with the proposed modification?  |
|  | Click or tap here to enter text. |
| 6 | Are there any changes to the curriculum of the degree program associated with the proposed modification? |
|  | Click or tap here to enter text. |
| 7 | Describe how the proposed modifications will affect program faculty. |
|  | Click or tap here to enter text. |
| 8 | Describe the evaluation process which led to the request for the proposed modification. |
|  | Click or tap here to enter text. |