The institution is requesting the following:

[ ]  Consolidate two or more-degree programs

[ ]  Separate an existing program into two distinct programs

[ ]  Change a program’s curriculum (> 50% approval needed; 25%-49% notification only)

[ ]  Increase or decrease a program’s total credit hours by more than 25%

[ ]  Change the nomenclature for a doctoral degree

[ ]  Create a degree program offered jointly by more than one institution

[ ]  Add a long certificate (CER) to an existing program (notification only)

Will this modification require additional resources? **Yes** [ ]  **No** [ ]

If ***yes***, a new program proposal must be submitted.

The following must be submitted to complete a substantive modification request:

**Submission Checklist:**

[ ]  Substantive Program Modification Proposal

[ ]  Curriculum Plan (<https://www.ache.edu/index.php/forms/>)

**Primary Contact Information**

Institution: Choose an item.

Contact:

Title:

Email:

Telephone:

**Program Information**

Date of Substantive Modification Submission: Click or tap to enter a date.

Award Level: Choose an item.

Award Nomenclature (e.g., BS, MBA):

Field of Study/Program Title:

CIP Code (6-digit):

**Administration of the Program**

Name of Dean and Name of College/School:

Name of Chairperson and Name of Department/Division:

**Implementation Information**

When do you plan to implement the Substantive Modification? Click or tap to enter a date.

SACSCOC Sub Change Requirement (Notification, Approval, or NA): Choose an item.

1. **Concise Description of Program Modification**
2. **Similar Programs at Other Alabama Public Institutions**

List programs at other Alabama public institutions of the same degree level and the same (or similar) CIP codes. If no similar programs exist within Alabama, list similar programs offered within the 16 [SREB](https://www.sreb.org/states) states. If the proposed program duplicates, closely resembles, or is similar to any other offerings in the state, provide justification for any potential duplication.

|  |  |  |  |
| --- | --- | --- | --- |
| **CIP Code** | **Degree Title** | **Institution with****Similar Program** | **Justification for Duplication** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Relationship to Existing Programs within the Institution**

Is the program associated with any existing offerings within the institution, including options within current degree programs or through shared courses, faculty, facilities, etc.?

**Yes** [ ]  **No** [ ]

If ***yes***, please describe these relationships including whether or not the program will replace or compete with existing offerings: (***Note:*** If this is a graduate program, list any existing undergraduate programs which are directly or indirectly related. If this is a doctoral program, also list related master's programs.)

If ***not***, please describe how the institution plans to support a program unrelated to existing offerings.

1. **Mode of Delivery**

Provide the planned delivery format(s) of the program as defined in policy (i.e., in-person, online, hybrid). Please also note whether any program requirements can be completed through competency-based assessment.

Can students complete the entire degree program through distance education (100% online) based on the following definition? **Yes** [ ]  **No** [ ]

**Distance Education:** An academic program for which required instructional activities can be completed entirely through distance education modalities. A distance education program may have in-person requirements that are non-instructional (e.g., orientation, practicum).

**Complete this section *only* if consolidating or separating a program.**

1. **Evidence of Student Performance**

Provide at least four years of evidence of completions and graduates’ licensure obtainment (if applicable), and assessment reports (appended). The program must demonstrate student performance meeting or exceeding the minimum viability standards for the degree level. If possible, include placement information for graduates (i.e., placement in jobs and/or pursuit of further study).

1. **All Proposed Program Personnel**

**Note: If additional faculty are to be hired, this represents additional resources, and the institution will be required to complete a proposal for a new program.**

|  |  |
| --- | --- |
| **Employment Status****of Program Personnel** | **Personnel Information** |
| **Count from Proposed Program Department** | **Count from Other Departments** | **Subtotal of Personnel** |
|  |  |
| **Current** | Full-Time Faculty |  |  |  |
| Part-Time Faculty |  |  |  |
| Administration |  |  |  |
| Support Staff |  |  |  |
|  |  |
|  | **Personnel Total** |  |