**Request type:** Choose an item.

**Institution:** Choose an item.

**Proposed effective date of change:** Click or tap to enter a date.

**Degree Level:**

**Degree Designation Abbreviation (e.g. MA):**

**Degree Designation and Title (e.g. Master of Arts in Psychology):**

**Degree Program CIP Code:**

**CIP Code Name:**

**Administrative Unit (e.g. Department of Biology):**

If “funding change” or “other” request

Does the proposed change affect a doctoral or professional degree program that was approved by the Board at a THECB quarterly meeting after September 1, 2023?

[ ]  Yes

[ ]  No

**Proposal Contact Information:**

**Name:**

**Title:**

**Email:**

**Phone:**

**Certification of Accuracy**

[ ]  I certify that all information provided in this form is true, accurate and complete.

New, Changes to, or Closure of Off-Campus Programs

**If New Off-Campus Program**

Degree Program Designation:

Degree Program Title:

Degree Program CIP Code:

Please indicate the type of off-campus program (select one):

[ ]  In-state

[ ]  Out-of-state

[ ]  Out-of-country

Name of off-campus location:

Address of off-campus location:

Please upload a copy of the 50-mile notification delivered to area institutions.

Date 50-mile notification sent: Click or tap to enter a date.

Note: Institutions must wait until the full 30-day comment period is completed before submitting the request.

[ ]  I certify that any objections received by area institutions have been resolved

**If Change or Closure of Off-Campus Program**

Degree Program Designation:

Degree Program Title:

Provide a description of the change.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost/Chief Academic Officer Date