This form must be completed when an academic program, plan, sub-plan, or minor needs a small change. Significant changes to a program’s content, definition, and or title require the submission of a New Academic Program Submission form. A new Catalyst code may also be required, depending on the nature of the change. Review by the appropriate College Dean and the Provost’s Office is required.

**Program to be changed:**

Career: _____ Undergraduate   _____ Graduate   _____ Law   _____ Medicine (MD)

Academic Program Code (e.g., 15BAC): ________________________________

Academic Plan Code (e.g., HIST-BA): ________________________________

Academic Sub-Plan Code, if appropriate (e.g., HIST-AH): ________________________________

**Fields to be Changed:**

Last Admit Term (close Academic Plan and/or Sub-Plan): _______________

Website title (30 character max): ______________________________________

CIP Code (six digits): _______________

*Please use this link [https://nces.ed.gov/ipeds/cipcode/browse.aspx?y=55](https://nces.ed.gov/ipeds/cipcode/browse.aspx?y=55) to identify the six-digit-code that best applies to the program. The CIP code drives the classification of the program reported to ODHE.*

Length of the Academic Program (in years): ______

**Reason for the Change:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Change Effective Term: _______________

_________________ — — — — — — — — — — — — — — — — — — — — — — — — — — — — — —

Submitted by: ___________________________ Date: ____________

Email: ___________________________ Phone: ____________

Approval — College Dean: ___________________________ Date: ____________

Approval — Graduate School: ___________________________ Date: ____________

Approval — Provost’s Office: ___________________________ Date: ____________