**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.

Additional Online Fields for Administrative Unit Changes

Provide a description below of the administrative change being requested.

Optional: Upload an attachment of how the change should appear on the institution’s inventory of degree programs.

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Provost/Chief Academic Officer Date