**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.

Semester Credit Hour (SCH) Changes

Current Program SCH:

Proposed new required program SCH:

***If request type = SCH Increase – Accreditation or Licensure Reason***

Please provide a summary of the changes in requirements from an accreditation agency or licensing body that require a SCH increase.

***If request type = Semester Credit Hour (SCH) Increase – Other Reason***

Please provide a summary of the compelling academic reason(s) for an increase in SCH.

***If request type = SCH Decrease***

Will the SCH decrease bring total SCH required for the degree below the required SCH for the degree level?

[ ]  Yes

[ ]  No

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Provost/Chief Academic Officer Date