

*STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA*  
**PROPOSAL FOR ORGANIZATIONAL CHANGE COVER SHEET**

**Part I: General Information**

**1. Institution:**

**2. Nature of Proposed Change** (i.e., to establish, reorganize, or terminate/close an institutional unit). Please summarize the change here and attach a detailed description of the change on a separate page, as well as copies of the institution's current and resultant organizational charts.

**3. Purpose of Proposed Change.** Please summarize the reason(s) for the change here and attach a detailed description of the purpose for the change on a separate page.

**4. Type of Proposed Change** (check one).

**SIMPLE** \_\_\_\_\_

If simple, please explain how the change fits with the institution's mission, curriculum, and funding on a separate page.

**COMPLEX** \_\_\_\_\_

If complex, please complete and submit Part II and Part III of this form.

**5. Does this proposed change involve the establishment of an off-campus instructional site?**

**NO** \_\_\_\_\_ **YES** \_\_\_\_\_

If yes, does the proposal fit the criteria for a partially-exempt, non-exempt site, or fully-exempt?

**PARTIALLY-EXEMPT** \_\_\_\_\_

**NON-EXEMPT** \_\_\_\_\_

**FULLY-EXEMPT** \_\_\_\_\_

If partially-exempt, please attach documentation to support this status.

If non-exempt, please complete and submit Part II and Part III of this form.

If fully-exempt, please attach documentation to support this status.

**6. Date of Approval by Board of Visitors.**

Check box if BOV approval is not needed.

**7. Proposed Effective-Date of Organizational Change.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_