

**STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA  
 FORMAT FOR REVISING ACADEMIC DEGREE PROGRAM  
 TITLE, CIP CODE OR DEGREE DESIGNATION  
 COVER SHEET**

1. Institution	2. Program action (Check all that apply): Change of program title _____ Change of CIP code _____ Change of degree designation _____
3. Title, existing program	
4. Degree designation, existing program	5. CIP code, existing program
6. Last term and year for granting existing degree	
7. New program title (if applicable)	
8. Degree designation, add ____ revised ____	9. CIP code, revised program
10. Term and year of initiation, revised program	11. Term and year of first graduates, revised program
12. Location of program within institution (complete for every level, as appropriate). If any organizational unit(s) will be new, identify the unit(s).  Department(s) of _____ Division(s) of _____ School(s) or colleges of _____ Campus (or off campus site) _____	
13. Name, title, and telephone number(s) of person(s) other than the institution's chief academic officer who may be contacted by or may be expected to contact Council staff regarding the revision.	