LETTER OF NOTIFICATION – E

(Existing Education Certificate or Degree)

1. Institution submitting request

University of Central Arkansas

2. Education Program Contact person/title

3. Telephone number/e-mail address

4. Name of Education Certificate or Degree / Program Level

5. Proposed Effective Date

6. Current CIP Code

7. Description of Program Changes

8. Mode of Delivery (include all that apply)

(Options: on-campus, new off-campus location, new distance technology program, existing program by distance technology)

9. List existing certificate or degree programs that support the proposed program.

10. Provide other information pertinent to the submitted change. Attach required ADE forms.

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| President/Chancellor Approval Date: |       |

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| Board of Trustees Notification Date: |       |

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| --- | --- | --- |
| Chief Academic Officer:  |       |       |
|  | signature | date |

[UCA form updated 2014-02-05]