



MIKE KRAUSE
Executive Director

STATE OF TENNESSEE
HIGHER EDUCATION COMMISSION
PARKWAY TOWERS, SUITE 1900
NASHVILLE, TENNESSEE 37243-0830
(615) 741-5293
FAX: (615) 532-8845

BILL HASLAM
Governor

PROGRAM REVISION AND STATUS CHANGE NOTIFICATION

A completed notification must be submitted for each program.

INSTITUTIONAL DATA							
Institution Name:							
DPSA Institution Code:							
Corporate Name (If Applicable):							
Physical Location Address							
Address:							
City:	State:						
Zip:	County:						
Mailing Address (This address is used only if you are unable to receive mail at the physical location.)							
Address:							
City:	State:	Zip:					
Name and Title of On-Site Director (Administrator):							
CONTACT PERSON FOR THIS APPLICATION							
Name:	Title:						
Address:							
City:	State:						
Zip:	County:						
Business No.:	Cell No.:						
Email:							
REVISION TYPE/STATUS CHANGE							
Please check the type of revision submitted from the following selections: (Check all that apply.)							
<input type="checkbox"/>	Tuition	<input type="checkbox"/>	Credit Hours	<input type="checkbox"/>	Contact Hours	<input type="checkbox"/>	Program Length
<input type="checkbox"/>	Delivery Mode	<input type="checkbox"/>	Curriculum Content	<input type="checkbox"/>	Credential	<input type="checkbox"/>	Program Name
<input type="checkbox"/>	Program Discontinuation	<input type="checkbox"/>	Teach-Out				

REASON FOR THE REVISION

Please check the reason for the revision submitted from the following selections: (Check all that apply and attach an explanation and supporting documentation, when applicable, under Attachment 1 of this application.)

- State Approval Agency Mandated
 Accrediting Agency Mandated
 Requirement by Professional Licensing Board
 Educational Necessity
 Other

PROGRAM INFORMATION (the field for all current information must be completed)

Program Code: _____ Program Name: _____

Proposed Program Name (if applicable): _____

Credential: _____

Proposed Credential Change (if applicable): _____

	Current Program Data	Proposed Revision	Proposed Effective Date	DPSA USE ONLY % Change
Classroom Lecture Contact Hours				
Lab/Clinical/Externship /Road Work Contact Hours				
Quarter Credit Hours				
Semester Credit Hours				
Program Length (Indicate in Days, Weeks or Months)				
Mode of Delivery (On-site, Distance Learning or Blended)				
Total Tuition for the Program				
Other Fees				
Total Program Cost (Tuition and Other Fees)				

AFFIRMATION OF INSTITUTIONAL DIRECTOR

I affirm the following are true:

- I have completed or reviewed this application in its entirety.
- The information contained in the attached documents is accurate.
- I understand that if the institution decides to offer a deleted program in the future, the institution must file a New Program Application with the Tennessee Higher Education Commission and the institution may not advertise, recruit for, or operate the program prior to Commission approval.

Institutional Director Signature: _____

Print Name: _____

Date _____

ATTACHMENT CHECKLIST

You must provide the items in the checklist in order for your application to be complete. Refer to Rule 1540-01-02-.07(5)(c) of the Rules of the Tennessee Higher Education Commission for additional information. If an attachment is not applicable to your program, write the number of the attachment and "N/A" next to it, along with an explanation as to why the attachment is not applicable. All responses must be typed and submitted following the appropriate question on the application. Incomplete applications will not be processed.

DOCUMENTATION TO BE ENCLOSED WITH THIS NOTIFICATION	
<input type="checkbox"/>	1. RATIONALE - Explain why the program is being revised and the purpose of the proposed changes. If the program being revised is associated with any of the State of Tennessee Health Related Boards (e.g. Massage Therapy, X-Ray, Dental, Nursing, etc.) or the Department of Commerce & Insurance, (e.g. Real Estate Commission, Board of Architectural and Engineering Examiners, etc.) or the Department of Education, (e.g. Teacher Licensure, etc.), please contact the appropriate board or commission for approval and/or curriculum and/or certification and licensure requirements before you complete and/or submit the revision form to our office. Provide written verification of compliance from the appropriate entity with this notification.
<input type="checkbox"/>	2. TOTAL PROGRAM COST - If the revision increases the total cost of the program, provide possible job titles and approximate starting salary and/or wage information for completers of this program. Use www.jobs4tn.com as the source for this information.
<input type="checkbox"/>	3. STUDENT ACCOMODATIONS -Explain whether currently enrolled students will be impacted by the proposed revision and what accommodations are being made for students. Explain whether currently enrolled students will have the option to complete the program as presented to the students at the time of enrollment. Please see Rules 1540-01-02-.07(5)d and .13(2)(a)11.
<input type="checkbox"/>	4. CURRICULM CHANGE -Provide a spread-sheet showing which course(s) will be deleted along with the course(s) that will replace the current offering.
<input type="checkbox"/>	5. PROGRAM DISCONTINUATION -If the program is being discontinued or taught out, provide the following: <ul style="list-style-type: none"> • Reason why the program will be discontinued or taught out; • Number of students currently enrolled in the program; • Expected completion date for students enrolled in the program; and • Date program will be discontinued.

SEND YOUR COMPLETED APPLICATION PACKAGE TO:

via standard mail:

Attn: Dr. Stephanie Bellard Chase
 Tennessee Higher Education Commission
 Parkway Towers, Suite 1900
 404 James Robertson Parkway
 Nashville TN **37243-0830**

via FEDEX, DHL or UPS:

Attn: Dr. Stephanie Bellard Chase
 Tennessee Higher Education Commission
 Parkway Towers, Suite 1900
 404 James Robertson Parkway
 Nashville TN

KEEP A COMPLETE COPY OF THE NOTIFICATION PACKAGE FOR YOUR FILES.