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**Academic Actions Notification Checklist**

***Policy A1.5 Academic Actions Notification***

In alignment with the statutory responsibility of the Tennessee Higher Education Commission (THEC) to review and approve new academic programs, THEC staff maintain the API. The API includes a listing of all academic programs by degree designations, associated concentrations, credit hours, off-campus locations, delivery modes, access to Academic Common Market, and other fields. To maintain the accuracy of the API, institutions must notify THEC of academic program actions as specified in THEC Policy A1.5.

Academic Action Notifications eligible for reporting after campus approval processes are met include:

* Establishment of a certificate program.
* Name change of an existing academic program. Name changes must retain the current National Center for Education Statistics (NCES) Classification of Instructional Programs (CIP) code and be aligned with the corresponding definition.
* Name change of an existing concentration within an academic program.
* Establishment of a new concentration within an existing academic program.
* Change (increase or decrease) in the number of hours of an existing academic program.
* Extension of an existing academic program to an approved offcampus center.
* Change to the primary delivery mode for an existing academic program. The extension to 100 percent off-campus delivery 2 requires additional action if the location of delivery is to be converted from an off-campus site to a center.
* Inactivation of an existing academic program or concentration. If the inactivated academic program or concentration is not reactivated within a period of three (3) years, the academic program or concentration will automatically be terminated and removed from the API.
* Reactivation of an academic program or concentration that was placed on inactivation within the past three (3) years. The date of inactivation and the date of the proposed reactivation must be provided.
* Termination of an academic program or concentration. A teach-out plan should accompany the notification of termination. As the immediate interests of currently enrolled students and faculty are impacted by the termination of an academic program or concentration, timely communication of this decision to students and faculty is important.

In order to submit academic action notifications, all parts of the appropriate checklist (as delineated below) must be submitted through [Formstack](https://stateoftennessee.formstack.com/forms/academic_action_notification). Notifications must be submitted no later than dates listed below.

* May 15 for all actions approved between January 1 and April 30
* August 15 for all actions approved between May 1 and July 31
* January 15 for all actions approved between August 1 and December 31

Please note, notifications may be submitted outside of these dates, and completed requests will be reviewed on a rolling basis.

**Academic Action Notification Checklist**

The following items must be included in all academic action notification submissions, regardless of type. Please note, incomplete academic action notification submissions will be returned.

**Institution name**

**Name and email of person completing the form**

**Letter of support for the proposed program from the Chief Academic Officer**

* You may submit one letter of support from your institutional CAO for all academic actions submitted on the same date, but the letter must be uploaded to each notification submitted.

**Programmatic Accreditor (if applicable)**

* If the program is currently accredited or seeking accreditation, please indicate the programmatic accreditor and status.

**Institutional/Governing Board Approval (if applicable)**

* Date must be in the following format: MM/DD/YYYY

**Implementation Date**

* Date must be in the following format: MM/DD/YYYY

**Federal Classification of Instructional Program (CIP) Code**

* Should be in six-digit format: XX.XXXX

**Additional requirements by type of Academic Action Notification**

**Establishment of a certificate program**

* Certificate title
* Certificate level (undergraduate or graduate)
* Total semester credit hours
* Degree designation
* Delivery mode *(\*See “change to the primary delivery mode” below for definitions)*
* Description of the certificate program, including a list of course titles and descriptions.
* Description of how the certificate responds to state, regional, and/or institutional workforce needs.
* List the department(s) and college(s) that will house the new certificate

**Name change of an existing academic program**

*(Name changes must retain the current NCES CIP code and be aligned with the corresponding definition.)*

* Current program title
* Approved new program title
* Degree designation
* Explanation of the rationale for the program name change

**Name change of an existing concentration within an academic program**

* Academic program title
* Current concentration title
* New concentration title
* Degree designation
* Include a brief rationale for the concentration name change

**Establishment of a new concentration within an existing academic program**

* Academic program title
* New concentration title *(if adding multiple NEW concentrations, please list each separated by a semicolon)*
* Degree designation
* Provide information on the new concentration, including:
  + Justification for the new concentration
  + Expectation of demand for the new concentration
  + Explanation of how the concentration contributes to the overall degree program
  + Identify all courses (course number, title, and credit hours) for the new concentration

**Change (increase or decrease) in the number of hours of an existing academic program**

* Academic program title
* Degree designation
* Current semester credit hours
* New semester credit hours
* Provide a brief rationale for the change in the semester credit hours

**Extension of an existing academic program to an off-campus center**

* Academic program title
* Design designation
* Off-campus center name
* Off-campus center code
* Provide a brief rationale for offering the existing academic program at the approved off-campus center. Include the other academic program(s) currently offered at this location.

**Change to the primary delivery mode for an existing academic program**

*(The extension to 100 percent off-campus delivery requires additional action if the location of delivery is to be converted from an off-campus site to a center.)*

* Academic program title
* Degree designation
* Current delivery mode
* New delivery mode
  + Traditional: None of the direct instruction of the program is delivered using some form of technology when the student and instructor are separated by time, space, or both.
  + Hybrid: A majority of the direct instruction of the program is delivered using some form of technology when the student and instructor are separated by time, space, or both.
  + Fully Online: All of the direct instruction of the program is delivered using some form of technology when the student and instructor are separated by time, space, or both.

**Inactivation of an existing academic program or concentration**

*(If the inactivated program or concentration is not reactivated with a period of three (3) years, the academic program or concentration will automatically be terminated and removed from the API.)*

* Indicate if a program or concentration is being inactivated *(If inactivating an academic degree program, all concentrations will automatically be inactivated)*
* Number of students currently enrolled in the program/concentration
* Academic program title
* Degree designation
* Concentration title(s) for inactivation (when applicable)
* Provide a brief rationale for inactivating the academic program or concentration(s).
* If there are any students currently in the program/concentration, notification of inactivation must be accompanied by a teach-out plan that details how the institution will accommodate affected students

**Reactivation of an academic program or concentration that was placed on inactivation within the past three (3) years.**

*(Requests for reactivations MUST be received less than three (3) years from the prior inactivation date.)*

* Indicate the academic degree program or concentration(s) being reactivated *(if reactivating an academic degree program, all concentrations will automatically be reactivated.)*
* Prior inactivation date (MM/DD/YYYY)
* Academic program title
* Degree designation
* Concentration title(s) for reactivation (when applicable)
* Provide a brief rationale for reactivating the academic program/concentration

**Termination of an academic program or concentration(s)**

* Indicate the academic degree program or concentration(s) being terminated
* Termination date (MM/DD/YYYY) *(date when program will be terminated in the API)*
* Number of current students enrolled in the program/concentration
* Academic program title
* Degree designation
* Concentration title(s) for termination (if applicable)
* Provide a brief rationale for terminating the academic program or concentration(s)
* If there are any students currently in the program/concentration, notification of termination must be accompanied by a teach-out plan that details how the institution will accommodate affected students. The teach-out plan must align with [SACSCOC Closing a Program, Site, Branch, or Institution Good Practices Statement and Policy](https://sacscoc.org/app/uploads/2019/08/CloseProgramSite.pdf#:~:text=CLOSING%20A%20PROGRAM%2C%20SITE%2C%20BRANCH%20OR%20INSTITUTION%20Good,planning%20and%20careful%20consultation%20with%20all%20affected%20constituencies.), Substantive Change for Accredited Institutions of the commission of Colleges, Procedure Three.