



NOTIFICATION OF PROGRAM MODIFICATION/DELETION

Mail form and company or cashiers' check, in the amount of \$100, made payable to the **Treasurer of Virginia**, to:
State Council of Higher Education for Virginia, ATTN: POPE, 101 N. 14th Street, 9th Floor, James Monroe Building,
Richmond, VA 23219

Name of Institution:		
Are you requesting to modify an existing program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you requesting to delete an existing program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location where modification will occur:		Type: <input type="checkbox"/> Main <input type="checkbox"/> Branch <input type="checkbox"/> Instructional Site
Address where modification will occur:		

I. Modify Existing Program

Change in Program Name <input type="checkbox"/>		CIP Code Change <input type="checkbox"/>		Program Duration & Hours Change <input type="checkbox"/>	
Current Name	New Name	Current CIP Code:	New CIP Code:	Current Program Duration & Hours	New Program Duration & Hours
e.g. Certificate in Massage Therapy	Same	51.3501	Same	<input type="checkbox"/> Credit Hours 500 <input checked="" type="checkbox"/> Clock Hours	<input type="checkbox"/> Credit Hours 750 <input checked="" type="checkbox"/> Clock Hours
				<input type="checkbox"/> Credit Hours <input type="checkbox"/> Clock Hours	<input type="checkbox"/> Credit Hours <input type="checkbox"/> Clock Hours
				<input type="checkbox"/> Credit Hours <input type="checkbox"/> Clock Hours	<input type="checkbox"/> Credit Hours <input type="checkbox"/> Clock Hours
				<input type="checkbox"/> Credit Hours <input type="checkbox"/> Clock Hours	<input type="checkbox"/> Credit Hours <input type="checkbox"/> Clock Hours
				<input type="checkbox"/> Credit Hours <input type="checkbox"/> Clock Hours	<input type="checkbox"/> Credit Hours <input type="checkbox"/> Clock Hours

Provide a brief description of modification:

II. Delete Existing Program

Name of Program	CIP Code	Reason for Deletion

School Contact's Name: _____ Date: _____

School Contact's Title: _____ Telephone: _____