Letter of Notification

A Letter of Notification (LON) is required for programmatic and organizational changes that do not require Coordinating Board approval unless specifically requested. The LON, with supporting documentation, must be submitted to ADHE by the established deadlines. All proposed changes to existing programs or organizational units, as well as requests to establish new programs or organizational units, must receive approval from the ADHE Commissioner and be included on the Coordinating Board's consent agenda prior to initiation. This form outlines the criteria and procedures institutions must follow when submitting Letters of Notification.

Please complete the institutional information below and the appropriate category depending on the requested action.

Institution: University of Arkansas Fayetteville

Indrajeet Chaubey		
Name of Provost/Chief Academic Officer	Signature	Date

President/Chancellor Approval Date: _____ Board of Trustees Approval/Notification Date: _____

Contact Person: Jim Gigantino, Sr. Vice Provost for Acad Affairs Contact Information: jgiganti@uark.edu; (479) 575-2151

Category 1: New Certificate or Degree Program, Concentration, or Minor

☐ **New Certificate or Degree Program –** *attach copy of the curriculum and, if applicable, new course descriptions. Clearly indicate the existing programs and coursework being used to create this program.*

New Program Information						
Title:						
CIP Code:		**% Online:** *if applicable*		**Effective Date:** *Term & Year*		**Program Review Date:**
Existing program(s) serving as a basis for proposed program:				**% of curriculum made of new coursework:**		
In the space below, provide a rationale for the proposed action:						

☐ **New Concentration** – *attach curriculum and, if applicable, new course descriptions*

New Concentration Information					
Parent Degree Title:					
Parent CIP Code:		**Parent Degree Code:**		**% Online:** *if applicable*	
Concentration Title:					
CIP Code: *can differ from parent CIP Code*		**Effective Date:** *Term & Year*			
In the space below, provide a rationale for the proposed action:					

☐ **New Minor** – *attach curriculum and, if applicable, new course descriptions*

New Minor Information					
Title:		**CIP Code:**		**Effective Date:** *Term & Year*	
In the space below, provide a rationale for the proposed action:					

Category 2: Modification of an Existing Program - *select all that apply*

☐ **CIP Code Change**

☐ **Curriculum Revision of Program, Concentration, or Minor** – *attach copy of before and after curriculum*

☐ **Existing Program Offered via Distance Education**

☐ **Existing Program Offered at an Existing Off-Campus Location** – *include location's physical address*

☐ **Title Change**

Before Proposed Changes					
Title:					
CIP Code:		**Degree Code:**		**% Online:** *if applicable*	
After Proposed Changes					
Title:					
CIP Code:		**% Online:** *if applicable*		**Effective Date:** *Term & Year*	
In the space below, provide a rationale for the proposed action:					

Category 3: Deletion of Certificate or Degree Program, Concentration, or Minor

The effective date should reflect when the phase-out/teach-out begins, rather than the projected date when enrollment reaches zero.

☐ **Deletion of Certificate or Degree Program, Concentration, or Minor** – *Requires teach-out plan.*
If a certificate or degree program currently has enrolled students, it will be assigned a P = Phase-Out Delete status. Once enrollment reaches zero, the status will be updated to D = Delete.

Program Information					
Title:					
CIP Code:		**Degree Code:**		**Effective Date:** *Term & Year*	
Concentration CIP Code: *if applicable*		**Concentration Code:** *if applicable*			
In the space below, provide a rationale for the proposed action:					

Category 4: Inactivation of Certificate or Degree Program

The effective date should reflect when the phase-out/teach-out begins, rather than the projected date when enrollment reaches zero.

☐ **Inactivation of Certificate or Degree Program** – *Requires teach-out plan.*
If a certificate or degree program currently has enrolled students, it will be assigned a F = Future Inactive status. Once enrollment reaches zero, the status will be updated to I = Inactive status for a maximum of 5 years. After 5 years, the program will be deleted.

Program Information					
Title:					
CIP Code:		**Degree Code:**		**Effective Date:** *Term & Year*	
In the space below, provide a rationale for the proposed action:					

Category 5: Reactivation of Previously Inactivated Certificate or Degree Program

A previously deleted program cannot be reactivated.

☐ **Reactivation of Certificate or Degree Program -** *Maintain Previous Program Review and Viability Standards*

Program Information					
Title:					
CIP Code:		**Degree Code:**		**Effective Date:** *Term & Year*	
In the space below, provide a rationale for the proposed action:					

☐ **Reactivation of Certificate or Degree Program –** *Reset or Extend Previous Program Review and Viability Standards*
To request a reset or extension of a certificate or degree program's Program Review and Viability Standards, please contact ADHE Academic Affairs (academic.affairs@adhe.edu)

Category 6: New Instruction, Research, or Service Center including Concurrent Education

☐ **New Instruction, Research, or Service Center -** *Center fully supported by sources other than state funds and will terminate when non-state funding ceases. Include synopsis of center's mission and role, projected annual budget, and sources of funding.*

☐ **Deletion of Instruction, Research, or Service Center**

Center Information			
Title:		**Effective Date:** *Term & Year*	
Physical Address:			
New centers: list initial program(s) offered, include CIP & Degree Code		**Department Code:** *(for deletions only)*	
In the space below, provide a rationale for the proposed action:			

☐ **New Off-Campus Location including Concurrent Education Partners**

Notification to all Arkansas public institutions is required; copy ADHE Academic Affairs staff on all correspondence. If the objection(s) or concern(s) cannot be resolved, ADHE may intervene.

New Location Information			
Center Type:	☐ Instruction ☐ Concurrent Education		
Title:			
Street Address:			
Initial Program(s) Offered: *Include CIP & Degree Code*		**Effective Date:** *Term & Year*	
In the space below, provide a rationale for the proposed action:			

Category 7: Organizational Units

☐ **New Organizational Unit**

Unit not serving as a basis for faculty appointments or degree programs. Include unit's mission, role, and before & after organization charts.

New Unit Information			
Title:		**Effective Date:** *Term & Year*	
In the space below, provide a rationale for the proposed action:			

☐ **Reorganization, Renaming or Deletion of Existing Organization Unit(s)**

Before Proposed Changes			
Unit Title:		**Department Code:**	
After Proposed Changes			
Unit Title:		**Effective Date:** *Term & Year*	
In the space below, provide a rationale for the proposed action:			

Category 8: General Education Core Reporting (Submitted by Provost's Office)

*Each state institution must present its institutional general education core to ADHE for recognition under the policy on State Minimum Core for General Education. This category allows institutions to present changes or updates in their institutional general education cores to ADHE as necessary. To update an institutional core, please submit a **comprehensive list** of all courses included in the institution core.*

☐ **Submission of Institutional General Education Core**