



Cover Sheet for In-State Institutions Non-substantial Modification to Existing Program

Institution Submitting Proposal	
---------------------------------	--

Each action below requires a separate proposal and cover sheet.

- | | |
|---|---|
| <input type="radio"/> Articulation Agreement
<input type="radio"/> New Certificate Program within Existing
<input type="radio"/> Non-substantial Modification to Existing Program
<input type="radio"/> Non-substantial Modification to Existing Certificate Program
<input type="radio"/> Change in Program Modality
<input type="radio"/> Title Change | <input type="radio"/> CIP Code Change
<input type="radio"/> Closed Site Approval
<input type="radio"/> Discontinue Program
<input type="radio"/> Suspend Program
<input type="radio"/> Reactivate Program
<input type="radio"/> Statewide and/or Health Manpower Designation |
|---|---|

Payment <input type="radio"/> Yes	Payment <input type="radio"/> R*STARS #	Payment	Date
Submitted: <input type="radio"/> No	Type: <input type="radio"/> Check #	Amount:	Submitted:

Department Proposing Program			
Degree Level and Degree Type			
Current Title of Proposed Program			
Total Number of Credits			
Current Codes	HEGIS:	CIP:	
Program Modality	Current: <input type="checkbox"/> On-campus <input type="checkbox"/> Distance Education (<i>fully online</i>) <input type="checkbox"/> Both		
	Proposed: <input type="checkbox"/> On-campus <input type="checkbox"/> Distance Education (<i>fully online</i>) <input type="checkbox"/> Both		
Program Resources	<input type="radio"/> Using Existing Resources <input type="radio"/> Requiring New Resources		
Projected Implementation Date <small>(must be 60 days from proposal submission as per COMAR 13B.02.03.03)</small>	<input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer Year: _____		
Provide Link to Most Recent Academic Catalog	URL: _____		
Preferred Contact for this Proposal	Name: _____		
	Title: _____		
	Phone: _____		
	Email: _____		
President/Chief Executive	Type Name: _____		
	Signature: _____	Date: _____	

Revised 4/2025