



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

Payment ☐ Yes    Payment ☐ R\*STARS #  
Submitted: ☐ No    Type: ☐ Check #

Payment                      Date  
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