



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

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| Institution Submitting Proposal | |
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Each action below requires a separate proposal and cover sheet.

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

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|--------------------|--------|---------------|----------------------|-----------------|-----------------|
| Payment Submitted: | Yes No | Payment Type: | R*STARS # Check # | Payment Amount: | Date Submitted: |
|--------------------|--------|---------------|----------------------|-----------------|-----------------|

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|---|--------------------------|-------------------------|--|-------|
| Department Proposing Program | | | | |
| Degree Level and Degree Type | | | | |
| Current Title of Proposed Program | | | | |
| Total Number of Credits | | | | |
| Current Codes | HEGIS: | CIP: | | |
| Program Modality | Current: | On-campus | Distance Education (<i>fully online</i>) | Both |
| | Proposed: | On-campus | Distance Education (<i>fully online</i>) | Both |
| Program Resources | Using Existing Resources | Requiring New Resources | | |
| Projected Implementation Date <small>(must be 60 days from proposal submission as per COMAR 13B.02.03.03)</small> | Fall | Spring | 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 1/2021