

**SUBSTANTIVE CHANGE REVIEW FORM**

 **Date:**

***Submit this form when a significant modification or expansion of the nature and scope of the College is proposed.***

**SUMMARY OF PROPOSED CHANGE:**

***Check all that apply:***

This proposed change may be a substantive change in accordance with Southern Association of Colleges and Schools, Commission on Colleges in the following category:

***Check:***

|  |  |
| --- | --- |
|  | Any change in the established mission or objectives of the institution |
|  | Any change in legal status, form of control, or ownership of the institution |
|  | The addition of courses or programs that represent a significant departure, either in content or method of delivery, from those that were offered when the institution was last evaluated |
|  | The addition of courses or programs of study at a degree or credential level different from that which is included in the institution’s current accreditation or reaffirmation. |
|  | A change from clock hours to credit hours |
|  | A substantial increase in the number of clock or credit hours awarded for successful completion of a program |
|  | The establishment of an additional location geographically apart from the main campus at which the institution offers at least 50% of an educational program. |
|  | The establishment of a branch campus |
|  | Closing a program, off-campus site, branch campus or institution |
|  | Entering into a collaborative academic arrangement that includes only the initiation of a dual or joint academic program with another institution |
|  | Acquiring another institution or a program or location of another institution |
|  | Adding a permanent location at a site where the institution is conducting a teach-out program for a closed institution |
|  | Entering into a contract by which an entity not eligible for Title IV funding offers 25% or more of one or more of the accredited institution’s programs |

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Initiated by (Print/Type Name and Title) Signature of Initiator

**- - - - - - - - - - - - - - - - - - - - - - - - - - - - - *Review and Determination*- - - - - - - - - - - - - - - - - - - - - - - - - - - -**

**YES,** this change requires a Notification of Substantive Change to SACSCOC.

**NO,** this change does NOT require a Notification of Substantive Change to SACSCOC for the reasons listed below.

**Comments:**

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Signature, Vice Chancellor for Academic & Student Affairs Date Signature, Chancellor (as applicable) Date
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Date of SACSCOC Notification of Substantive Change: \_\_\_\_\_\_\_\_\_\_ *(Attach copy of Notification to SACSCOC)*

Form 1510/002 (8/21)