**PROGRAM CIP CHANGE REQUEST FORM**

Board of Governors, State University System of Florida

**UNIVERSITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(If applicable, please include the campus)

**PROGRAM NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEGREE LEVEL(S):** \_\_\_\_\_\_\_\_\_\_\_

(B, M, Ed.D., Ph.D., etc)

**OLD/CURRENT CIP CODE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEW/REQUESTED CIP CODE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEW CIP CODE EFFECTIVE TERM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First term for students in the program using the new CIP code)

*Please use this form to notify the Board of Governors, State University System of Florida that an institution intends to change the CIP code for an already existing degree program and begin reporting enrollments and degrees data under the new CIP code. This action will allow for more accurate data analysis of enrollment and degree productivity as well as it will initiate any necessary changes to the articulation manuals and online search tools.*

1. **Provide a short background and rationale for the CIP change request.**
2. **Explain the impact of the proposed change on the current faculty and current and future students.**
3. **Provide evidence that considerations have been given to the impact of this CIP change on existing programs at the university, and the possibility that the program using the new CIP will duplicate already existing programs at other SUS institutions.**
4. **If applicable, please explain how the CIP change will impact the program’s listing in a Programs of Strategic Emphasis (PSE) category. Please provide a rationale to support the need for the program to be included in a PSE category, if it is not already included in a PSE category.**
5. **For baccalaureate programs please identify any related changes to the approved common prerequisites and degree program length.**
6. **If this is a baccalaureate program, please list the common prerequisites for the current CIP code as listed in the program’s curriculum and the common prerequisites associated with the new CIP code.**

**CIP Change Request Form – Signatures Page**

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Signature of Requestor/Initiator Date

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Signature of College Dean/Chair Date

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Signature of President or Vice President for Date

Academic Affairs