***State Council of Higher Education for Virginia***

**Merged Academic Degree Program Cover Sheet**

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| 1. Institution | | | |
| 2. Degree designation, program name, and CIP code, existing degree program #1 | | | |
| 3. Degree designation, program name, and CIP code, existing degree program #2 | | | |
| 4. Degree designation, program name, and CIP code, all additional existing programs | | | |
| 5. Last semester/year for granting existing degree program#1 | Degree program #2 | Degree program #3 | All additional programs |
| 6. Degree designation and program name, merged degree program | | | |
| 7. CIP code, merged program: | | 8. Semester/year to initiate merged program | |
| 9. Semester/year of first graduates, merged program | | 10. Date approved by Board of Visitors | |
| 11. For community colleges:  date approved by local board  date approved by State Board for Community Colleges | | | |
| 12. If existing or merged programs are/will be collaborative or joint, identify collaborating  institution(s) and attach letter(s) of support from corresponding chief academic officers(s). | | | |
| 13. Location of program within institution (complete for every level, as appropriate and specify the unit from the choices).  Department(s) or division of  School(s) or college(s) of  Campus(es) or off-campus site(s) | | | |
| 14. Mode(s) of delivery: Face-to-face, traditional         Hybrid (both face-to-face and distance)       Distance (100% web-based) | | | |
| 15. Name, title, telephone number(s), and email address of person(s) other than the institution’s chief academic officer who may be contacted by or may be expected to contact Council staff regarding the merger. | | | |