**State Council of Higher Education for Virginia**

**proposal for Escalation of degree-level authority**

**COVER SHEET**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Institution | | | | | | | |
| 2. Nature of Proposed Change. Please indicate change here and attach a detailed description on a separate page. | | | | | | | |
| 3. Degree designation of proposed program | | | | | | 4. CIP code | |
| 5. Name of proposed program | | | | 6. Semester and year of initiation | | | |
| 7. Degree designation of proposed program #2 | | | | | | 8. CIP code | |
| 9. Name of proposed program | | | | 10. Semester and year of initiation | | | |
| 11. Mission Statement Change | | | | | | | |
| Modification | Expansion | | New | | | | No Change |
| 12. Organizational Change | | | | | | | |
| Simple | | Complex | | | No Change | | |
| 13. Date of Approval by the Board of Visitors for the proposed escalation. (month/day/year required) | | | | | | | |
| 14. Proposed Effective-Date of Escalation of Degree-Level Authority. (month/day/year required) | | | | | | | |
| Signed: | | | | Date: | | | |
| Title: | | | | Phone: | | | |