**TEXAS TECH UNIVERSITY**

**Certificate Notification Form**

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| Directions: An institution shall use this form to document changes to existing certificate programs that do not require formal approval from the THECB.  |

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|  **Administrative Information**1. Institution:  |
| 2. Program Name:  |
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| 3. Administrative Unit: 4. Description of and rationale for proposed changes: |
| 5. Contact Person: Provide contact information for the person who can answer specific questions about the program.Name: Title:  E-mail: Phone: PROVOST SIGNATURE REQUIRED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chief Academic Officer Date |
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