**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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