



# OFFICE OF THE **PROVOST**

TEXAS TECH

## *THECB Submission Form*

### Program Changes – CIP Code

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

*The information collected will be submitted directly to THECB by the Office of the Provost.*

### **General Information**

1.) Institution:

- ☐ Texas Tech University
- ☐ Texas Tech School of Veterinary Medicine
- ☐ Texas Tech School of Law

2.) Degree Level

- ☐ Bachelor's
- ☐ Master's
- ☐ Doctoral
- ☐ Professional

3.) Degree Designation Abbreviation (e.g., M.A.) \_\_\_\_\_

4.) Degree Designation Description (e.g., Master of Arts)

5.) Degree Program Title (e.g., Psychology)

6.) Degree Program CIP Code

7.) Administrative Unit (e.g., Department of Biology)

8.) Proposed Effective Date of Change \_\_\_\_\_

## CIP Code Change

1. Describe the curricular changes that have been implemented to align the degree program with the requested CIP code and ensure a copy of the revised curriculum that highlights the changes made is attached to the Curriculog proposal. *Note: Curricular changes that warrant a CIP code change would typically include more than 50% of the curriculum. If the request includes a change to a STEM CIP code from a non-STEM CIP code, please describe the change in learning outcomes such as emphasis on the scientific method, quantitative research, etc.):*
2. Describe what changes have been made to the composition of faculty to ensure content area expertise in the requested CIP code:
3. Describe any accreditation implications of the requested CIP code change:
4. If no curricular or faculty changes have been made, please describe the *academic* rationale for the requested change (e.g., changes to the overall designation of the discipline, students being prepared for employment in additional or alternate fields, accreditation requirements, etc.):

5. Provide up to five examples of similar programs with the proposed CIP Code: