THECB Submission Form

Program Changes – Modality Change or Addition

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 _____

Modality Change or Addition

Leave blank if not applicable

1. Indicate the type of modality change requested (select one):
    ☐ Modality change

    ☐ Add modality
2. Current program modality (select all that apply):
    ☐ In-person (less than 50%)

    ☐ Hybrid/blended (50-99%)

    ☐ 100% online (100%)
3. New program modality (select all that apply):
    ☐ In-person (less than 50%)

    ☐ Hybrid/blended (50-99%)

    ☐ 100% online (100%)