



OFFICE OF THE **PROVOST**

TEXAS TECH

THECB Submission Form

Program Changes – Off Campus Programs

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 _____

New, Changes To, or Closure of Off-Campus Programs

If New Off-Campus Program

1. Degree Program Designation: _____
2. Degree Program Title: _____
3. Degree Program CIP Code: _____
4. Please indicate the type of off-campus program (select one):
 - ☐ In-state
 - ☐ Out-of-state
 - ☐ Out-of-country
5. Name of off-campus location: _____
6. Address of off-campus location: _____

If Change or Closure of Off-Campus Program

1. Degree Program Designation: _____
2. Degree Program Title: _____
3. Please provide a description of the change.