



OFFICE OF THE **PROVOST**

TEXAS TECH

THECB Submission Form

Program Changes – Other

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 _____

- 9.) Does the proposed change affect a doctoral or professional degree program that was approved by the board at a THECB quarterly meeting after September 1, 2023?
- ☐ Yes
- ☐ No

Other

Please provide a description of any change request that falls outside the standard program change options available.