



OFFICE OF THE **PROVOST**

TEXAS TECH

THECB Submission Form

Program Changes - SCH

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.) Change Type

- ☐ SCH Increase - Accreditation or Licensure reason
- ☐ SCH Increase – Other reason
- ☐ SCH Decrease

3.) Degree Level

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

4.) Degree Designation Abbreviation (e.g., M.A.) _____

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

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

7.) Degree Program CIP Code _____

8.) Administrative Unit (e.g., Department of Biology) _____

9.) Proposed Effective Date of Change _____

SCH Change

1.) Current Program SCH: _____

2.) Proposed New Required Program SCH _____

3.) If the change is an *SCH increase – Accreditation or Licensure reason*, please provide a summary of the changes in requirements from an accreditation agency or licensing body that require a SCH increase:

4.) If the change is an SCH increase – Other Reason, please provide a summary of the compelling academic reason(s) for an increase in SCH

5.) If the change is an SCH decrease, will the SCH decrease bring the total SCH required for the degree below the required SCH for the degree level?

☐ Yes

☐ No