**Texas Higher Education Coordinating Board**

**Request to Change Semester Credit Hours**

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| Directions: An institution shall use this form to request a change in the number of semester credit hours (SCH) required for a degree program already on the institution’s program inventory in accordance with Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.55 – Revisions to Approved Programs.  Options:   1. Revisions that **reduce** the number of SCH require notification of change and affirmation that the reduction does not fall below the minimum requirements of the Southern Association of Colleges and Schools Commission on Colleges, program accreditors, and licensing bodies, if applicable. 2. Revisions that **increase** the number of SCH require detailed written documentation describing the compelling academic reason for the increase in the number of required hours.   NOTE: No request or notification is needed if revisions to the degree program curriculum do not result in a change in SCH.  Options 1 and 2 require the signature of the Provost or Chief Academic Officer.  Please submit *Request to Change Semester Credit Hour* via the Online Submission Portal: <https://www1.thecb.state.tx.us/apps/proposals/>  Information: Contact the Division of Academic Quality and Workforce at 512/427-6200. |

**Administrative Information**

1. Institution:

2. Program Name – *As it appears on the Coordinating Board’s program inventory (e.g., Bachelor of Business Administration degree with a major in Accounting)*:

3. Program CIP Code:

4. Contact Person: *Provide contact information for the person who can answer specific questions about the program.*

Name:

Title:

E-mail:

Phone:

*Notification/Request for Change in Semester Credit Hours (SCH):*

Current SCH:

Proposed SCH:

Implementation Date:

*Complete Option 1 or 2 as appropriate*

Option 1: Reduction in Semester Credit Hours

*Is the change in the number of SCH compatible with the requirements of accreditation for the program?*

* 1. Southern Association of Colleges and Schools Commission on Colleges

YES  NO

* 1. Program Accreditor(s)  YES  NO  NA

Name of Program Accreditor:

* 1. Licensing Body(ies)  YES  NO  NA

Name of Licensing Body(ies):

Option 2: Increase in Semester Credit Hours

*Provide detailed documentation, such as changes in accrediting agency or licensing body requirements, workforce needs, or academic professional standards and needs, describing a compelling reason for the change in the number of SCH:*

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| **Signature of Compliance**  I hereby certify that all of the above changes have been approved in accordance with the procedures outlined in Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.55.    Provost/Chief Academic Officer Date |