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## COVER PAGE FOR SUBSTANTIVE CHANGE REQUESTS

Name of Institution	
Type of proposed change (See <a href="https://www.neche.org/wp-content/uploads/2018/12/Pp72_Substantive_Change.pdf">https://www.neche.org/wp-content/uploads/2018/12/Pp72_Substantive_Change.pdf</a> )	
Effective date of implementation	
Date of institutional governing board approval	
Is state approval required?	<input type="checkbox"/> No <input type="checkbox"/> Yes, approved (date) _____ (Attach verification.)
Contact Person:	Name: Title: Phone: Fax: e-mail:
Please summarize the proposed change	
Signature of CEO:	
Date:	