



COVER PAGE FOR SUBSTANTIVE CHANGE REQUESTS

Name of Institution	
Type of proposed change (See Policy on Substantive Change)	
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:	