**Mississippi Valley State University**

**INSTITUTIONAL/SUBSTANTIVE CHANGE REQUEST FORM**

**Date:**

**Initiator:**

**Effective Date of Change:**

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|  **Type of Change: Mark an “X” next to the type of requested change.** |
|   | Change in Measure of Student Progress to Completion |
|   | Competency-based Education by Course/Credit-based Approach –Institutional-level Approval |
|   | Distance Education – Institutional-level Approval |
|   | Governance Change |
|   | Institution Closure |
|   | Institution Relocation |
|   | Acquisition |
|   | Institutional Contingency Teach-out Plan |
|   | Level Change |
|   | Merger / Consolidation |
|   | Mission Change |
|  | Ownership, Means of Control, or Legal Status Change |
|   | Other Substantive Change (Adding or Deleting Programs, etc. See SACSCOC list of substantive changes) |
| **Describe the change and provide a rationale below.** |
|  |

Initiator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Initiator’s Role:*

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| This □ **IS NOT** a SACS-COC Substantive Change. Proceed with approvals below.This □ **IS** a SACS-COC Substantive Change. Substantive Changes require SACSCOC notification and/or approval prior to implementation. Submit a SACSCOC prospectus, or other required information, to the campus SACSCOC Liaison.SACS Accreditation Liaison\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| All institutional/substantive changes will follow the IHL Academic Guidelines and the IHL Board Policies.□ APPROVED □DISAPPROVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provost/Vice President for Academic Affairs Date *Attach Rationale if Disapproved.* |

□APPROVED □DISAPPROVED

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President Date

*Attach Rationale if Disapproved.*