*State Council of Higher Education for Virginia*

proposal for organizational change

COVER SHEET

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| 1. Institution | | | |
| 1. Nature of Proposed Change(i.e., to establish, reorganize, or terminate/close an institutional unit). Please indicate the change here. Attach a detailed description of the change as a separate document. Attach copies of the institution’s current and resultant organizational charts. | | | |
| 1. Purpose of Proposed Change.Please indicate the reason(s) for the change here. Attach a detailed description of the rationale for the change on a separate page. | | | |
| 4. Type of Proposed Change (check one). | | | |
| SIMPLE  Please explain how the change fits with the institution’s mission, curriculum, and funding on a separate page. | | COMPLEX  Please complete and submit Part I Supplemental Information and Part II Information for Non-exempt off-campus site. | |
| 5. Does this proposed change involve the establishment of an off-campus instructional site? | | | |
| NO | | YES | |
| If yes, does the proposal fit the criteria for a partially-exempt, non-exempt, or fully-exempt instructional site? | | | |
| PARTIALLY-EXEMPT  If partially-exempt, please attach documentation to support this status. | NON-EXEMPT  If non-exempt, please complete and submit Part II and Part III of this form. | | FULLY-EXEMPT  If fully-exempt, please attach documentation to support this status. |
| 6. Date of Approval by Board of Visitors.(MM/DD/YYYY)  Check box if BOV approval is not needed. | | | |
| 7. Proposed Effective Date of Organizational Change.(MM/DD/YYYY) | | | |

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|  |
| Signature |

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|  |
| Date |

Title Phone