

# Arkansas Division of Higher Education

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## FORM 2020 CHANGE IN NAME, LENGTH, COST, DELETION AND/OR MODALITY OF PROGRAM

### A. CHANGE IN NAME OF PROGRAM

PROPOSED EFFECTIVE DATE \_\_\_\_\_

PROGRAM TITLE	PROPOSED NAME

### B. CHANGE IN LENGTH OF PROGRAM

PROPOSED EFFECTIVE DATE \_\_\_\_\_

PROGRAM TITLE	CURRENT LENGTH	PROPOSED LENGTH

### C. CHANGE IN PROGRAM COST

PROPOSED EFFECTIVE DATE \_\_\_\_\_

PROGRAM TITLE	CURRENT COST	PROPOSED COST

**D. CHANGE IN PROGRAM CONTENT**

PROPOSED EFFECTIVE DATE \_\_\_\_\_

<b>PROGRAM TITLE</b>	<b>PROPOSED ADDITIONS</b>

**D. DELETION OF PROGRAM**

PROPOSED EFFECTIVE DATE \_\_\_\_\_

<b>PROGRAM TITLE</b>
Have all students currently enrolled completed the program?
What plans are in place to reimburse the students or complete the program? (Attach additional documentation if needed for explanation.)

**E. MODALITY OF PROGRAM**

PROPOSED EFFECTIVE DATE \_\_\_\_\_

<b>PROGRAM TITLE</b>
Describe changes to the program:

**STATEMENT OF COMPLIANCE**

Under penalty of perjury, I declare and affirm that the statements made on this form, including any attached sheets, are true, complete and accurate.

Printed Name of Official		Title	
Signature of Official		Date	