## **Bevill State Commu**

## **Substantive Change Implem**

<u>Instructions:</u> Email the completed form to russell.howton@bscc.edu with the subject line as "SACS change must also be to submitted to the U.S. Department of Education prior to awarding federal fit

| Section I -  | General In  |
|--|-------------|
|  | <u> </u>    |
| Date:  |             |
| Divison:   |             |
| Please provide a brief description of the proposed change.                                   |             |
|  |             |
|  |             |
| Proposed Date of Implementation:   |             |
| Indicate the degree level with which the change will occur (ie., STC / CER / AA / AS / AAS): |             |
| Santian II Su  | hatamtira ( |
| Section II - Su  | ostantive C |
| Please answer the following questions regarding the proposed change by placing an "X"        | in the app  |
| Question   | YES         |
| 1. Does your proposed change include initiating a new program                                |             |
| using existing approved courses? If yes, provide # of new and existing                       |             |
| courses.   |             |
| at a new off-campus site? If yes, provide property owner's name and street                   |             |
| address of site.   |             |
| that is signficantly different from a currently approved program?                            |             |
| 2. Does your proposed change include initiating a certificate program at an employer's       |             |
| request and on a short notice  |             |
| using existing approved courses? If yes, provide # of new and existing                       |             |
| courses.   |             |
| at a new off-campus site? If yes, provide property owner's name and street                   |             |
| address of site.   |             |
| that is signficantly different from a currently approved program?                            |             |
| 3. Does your proposed change include initiating other certificate programs or embed a        |             |
| certificate program into a current degree program  |             |
| using existing approved courses? If so, provide # of new and existing                        |             |
| courses.   |             |
| at a new off-campus site? If yes, provide property owner's name and street                   |             |
| address of site.   |             |
| that is signficantly different from a currently approved program?                            |             |
| that is 30-60 credit hours?  |             |

| this is under 29 credit hours?   |              |
|--|--------------|
| 4. Does your proposed change include initiating a relationship with another institution  |              |
| The second proposed endings include including a relationary with another includes included in the second proposed and the second includes in the second proposed and the secon |              |
| acrredited by SACSCOC?   |              |
| with a non-accredited institution?   |              |
| through joint or dual programs where a student studies at 2+   |              |
| institutions and is awarded a single or multiple credentials?  |              |
| 5. Does your proposed change include initiating or adding additional coursework at an off-   |              |
| campus site (dual enrollment) where a student can obtain   |              |
| 50% or more of the credits toward a program or certificate?  |              |
| 25-49% of the credit toward a program or certificate?  |              |
| 24% or less of the credit toward a program or certificate?   |              |
| If you responded "yes" to any of the questions above, please provide property owner's  |              |
| name and street address of the off-campus site.  |              |
| 6. Does your proposed change include   |              |
| initiating an expansion of current degree level?   |              |
| altering the length of a program by 25% or more of the credits required for  |              |
| the program or certificate?  |              |
| initiating or expanding an existing traditional program to 50% or more of the  |              |
| program fully online?  |              |
| consolidating or mergering two existing programs?  |              |
| initiating programs / courses offered through a contracutal agreement or   |              |
| consortium?  |              |
| initiating degree completion programs?   |              |
| inactivating an existing program? If yes, identify the program.  |              |
| reactivating an existing program that has been inactivated in the last 3 years?  |              |
| closing a program where the institution plans to teach out its own students?   |              |
|  | /' D         |
| Section III - Additional Que   | stions Regai |
| Complete this section only if the proposed   | l change inc |
| # of credit hrs for new degree / certificate:  |              |
| # of new courses added to program:   |              |
| Costs of new library materials to support program:   |              |
| How will program be funded (grants, institutional, etc.)?  |              |
| Projected Date of Implementation:  |              |
|  |              |
| FOR OIE  | R OFFICE     |
|  |              |
| Date Implementation Checklist Was Received:  |              |
|  |              |

| Is Proposed Change "Substantive" by SACSCOC Definition?                 |
|---|
|   |
| How did you come to this conclusion?                                    |
| Questions Related to Sub Change Proposal:                               |
|   |
| Next Steps and List of Responsibilities:                                |
|   |
| Date SACSCOC Documentation was Mailed:                                  |
|   |
| Approval Pat  |
| 1. Date of Approval by College-Wide Curriculum Committee (if required): |
| 2. Date of Approval by College-Wide Divisional Dean:                    |
| 3. Date of Approval by Cabinet Member:                                  |
| 4. Date of Approval by College President:                               |

## unity College

## nentation Checklist

SCOC Sub Change". In addition to SACSCOC notification and/or approval, the nancial aid to students in a new program.

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|------------|----------|---|
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| College C  | ontact:  |   |
| Departmen  | nt:      |   |
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|            |          |   |
| Change It  | ems      |   |
|            |          |   |
|            |          | providing a brief explanation if necessary. |
| NO         | Unsure   | Explanation                                 |
|            |          |   |
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| ding Prope   | osed New 1  | Program                |  |  |  |  |
|--|---|------------------------|--|--|--|--|
|  |   |                        |  |  |  |  |
|  |   | program / certificate. |  |  |  |  |
|  | # of new FT and PT faculty needed:                              |                        |  |  |  |  |
| Required credentials of faculty:                           |   |                        |  |  |  |  |
| Costs of new equipment to support program:                 |   |                        |  |  |  |  |
|  | Anticipated # of new students entering the program in 1st year: |                        |  |  |  |  |
| Projected Date of Approval by Curriculum Committee:        |   |                        |  |  |  |  |
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| USE OILI   |   |                        |  |  |  |  |
|  |   |                        |  |  |  |  |
| Date Proposed Change was Added to Sub Change Tracking Log: |   |                        |  |  |  |  |

| Type of Notification that was Mailed: |
|---------------------------------------|
|                                       |
| th                                    |
| Signature of Chair:                   |
|                                       |
| Signature of Dean:                    |
| Signature of Cabinet Member:          |
| Signature of President:               |