

# Bevill State Community College

## Substantive Change Implementation Form

Implementation Requested By: \_\_\_\_\_

Proposed Date of Implementation for the Change: \_\_\_\_\_

Nature of the Change:

Review/Recommendation of the Accreditation Liaison:

### Administrative Approval

(All four signatures required before proposed change(s) can be implemented.)

\_\_\_\_\_  
Appropriate Campus Dean

\_\_\_\_\_  
Accreditation Liaison

\_\_\_\_\_  
Dean of Instruction

\_\_\_\_\_  
President