SUBSTANTIVE CHANGE APPLICATION FORM

Date of Application __________________________________

From: _____________________________________________  Accreditation Liaison Officer (ALO)

Cc: _______________________________________________  NWCCU Staff Liaison Contacted

Name of Institution: ______________________________________________________________________________

ALO Phone/Email: ______________________________________________________________________________

Other Contact Person: ____________________________________________________________________________

Name of Proposed Program or Change: _______________________________________________________________

Date of Institutional Governing Board Approval: ________________________________________________________

TYPE OF CHANGE (EXAMPLES): (Check all that apply)

Minor Change – Staff Review:
☐ Within existing accreditation degree level and to offer a new program or emphasis closely related to existing offerings
☐ Within existing accreditation degree level and less than 50% of program requirements offered at an existing off-campus instructional location
☐ New program as a pilot or a limited time
☐ Less than 50% program completion via distance education with history, or, previously evaluated
☐ Curriculum revisions which do not significantly affect the program’s outcomes
☐ Reinstatement, suspension or inactivation of existing programs without the need for a teach-out agreement or additional resources
☐ Other (please specify): ______________________

Substantive Change – Substantive Change Review Panel:
☐ Change in institutional mission or objectives
☐ Change in legal status, form of control, ownership, sponsorship
☐ Contractual agreement with another institution/organization
☐ New degree level not in existing accreditation degree level(s)
☐ New branch campus
☐ New additional location geographically apart from main campus
☐ Offering program(s) or credit outside the NWCCU region
☐ More than 50% of program requirements to completion via distance education, or, first-time delivery via distance education
☐ New degree program not closely related to existing offerings
☐ Change of clock hours to credit hours, or vice versa
☐ Increase or decrease in program length
☐ Teach-out agreement with another institution
☐ Acquisition of another institution or a program
☐ Other (please specify): ___________________________

Anticipated Date of Implementation of Proposed Change: _________________________________

Request of NWCCU:  ☐ Please have my Institutional Staff Liaison contact me to discuss the nature of the program or change.

Please refer to the NWCCU website at www.nwccu.org for the Substantive Change Policy.

Submit this application form one month prior to the anticipated date of the submission of the proposal for a minor or substantive change.

_____________________________________________ ALO Signature

_____________________________________________ ALO of Partnering Institution Signature, if applicable

_____________________________________________ President or Provost Signature

Mail to: NWCCU, Attn: Substantive Change, 8060 165th Ave NE, Suite 100, Redmond, WA 98052.
Or, E-Mail: pgoad@nwccu.org. You will receive confirmation of the appropriate change category.