**MODIFICATION OF INSTRUCTIONAL DELIVERY**

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| **Institution:**       | Please enter the following dates:Final approval by institution:      Submission to CSCU Office of the Provost for Academic Council:       |
| **NOTE:** Use this form if modifying only the program delivery method.  |
| **Program Characteristics**Name of Program:      OHE #:      Program Type *(degree type, abbreviation, name, e.g., Associates, AS, Associate of Science)*: Total # Credits in Program:      [CIP Code Number](https://nces.ed.gov/ipeds/cipcode/default.aspx?y=56):       Title of CIP Code:      Department where program is housed:       Location Offering the Program *(e.g., main campus)*:       |
| **Current Modality of Program** *(check all that apply)*: **[ ]** On ground [ ]  Online [ ]  Hybrid, % of fully online courses       |
| **Proposed Modality of Program** *(check all that apply)*: **[ ]** On ground [ ]  Online [ ]  Hybrid, % of fully online courses       |
| **Explanation / Justification** *Provide a concise rationale for the change request, and discuss any anticipated impact upon the institution, its mission, and its students.*      |
| **Fiscal Impact** Describe the expected financial impact of this modification on the Program’s Pro Forma Budget over the course of the next three years*.*       |
| **Institutional Contact** **for this Proposal**:       | Title:       | Tel.:       e-mail:       |