**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: |