**Classification of Instructional Program (CIP) Code Reclassification Form**

Note: Required attachments & approvals for request are listed below.

Institution: *The University of Texas at Dallas*

Degree Level:

Degree Code Abbreviation (e.g. MA):

Degree Designation Description *(e.g. Master of Arts):*

Degree Program Title (e.g. Psychology):

Degree Program CIP Code:

CIP Code Name:

Administrative Unit Name [e.g., School or Department Name] & Number [OISDS will provide the THECB number]:

Proposed effective date of change:

*If “funding change” or “other” request*

Does the proposed change affect a doctoral or professional degree program that was approved by the Board at a THECB quarterly meeting after September 1, 2023? [ ]  Yes [ ]  No

**Required Contact Info and Approvals for Request**

* Submitter Contact: Dr. Serenity Rose King, serenity.king@utdallas.edu, *972-883-6749*
* Proposal Contact’s *name, email, phone*:
* CAO/Designee Approval Contact: Dr. Inga H. Musselman, Inga.Musselman@utdallas.edu*, 972-883-2271*

Note: The submitter will certify that all appropriate approvals have been collected, and the submitter contact and proposal contact and will receive a copy of the proposal upon submission.

Additional Fields & Required Attachment for CIP Code Change Requests

**Description of Curricular Changes**

**Note: THECB no longer accepts CIP codes that end in ‘99’**

If applicable, describe the curricular changes that have been implemented to align the degree program with the requested CIP code and attach a copy of the revised curriculum that highlights the changes made. *Note: Curricular changes that warrant a CIP code change would typically include more than 50% of the curriculum. If the request includes a change to a STEM CIP code from a non-STEM CIP code, please describe the change in learning outcomes such as emphasis on the scientific method, quantitative research, etc.):*

***Type curricular changes description and/or attach document showing curricular changes***

If applicable, describe what changes have been made to the composition of faculty to ensure content area expertise in the requested CIP code:

If applicable, describe any accreditation implications of the requested CIP code change:

If no curricular or faculty changes have been made, please describe the *academic* rationale for the requested change (e.g., changes to the overall designation of the discipline, students being prepared for employment in additional or alternate fields, accreditation requirements, etc.):

Provide up to five examples of similar programs with the proposed CIP code:

|  |  |  |
| --- | --- | --- |
| **Institution** | **Degree Title & Designation** | **CIP Code** |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |

**Required attachment:**

* Bachelor’s / Master’s / PhD degree curriculum if no link is available.