



## ACADEMIC PROGRAM INVENTORY (API) CHANGE REQUEST

### Indiana Commission for Higher Education

State Form 55462 (R/12-13)

Submit completed request forms to [API@che.in.gov](mailto:API@che.in.gov). Direct questions pertaining to this form to 317-464-4400 ext. 120.

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**Section I: The following information is required of all Institutions:**

Institution Name:

Campus:

Level of Existing Certificate/Degree Program:

CIP Code for Existing Certificate/Degree Program:

Name of Existing Certificate/Degree Program (*as shown in the API*):

Nature of Change:

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**Section II: If adding a Certificate Program derived from an existing program, the following information is required:**

Level of Certificate:

CIP Code for Certificate:

Name of Certificate:

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**Section III: If splitting a Certificate/Degree Program into two programs, the following information is required:**

CIP Code for Second Certificate/Degree Program:

Name of Second Certificate/Degree Program:

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**Section IV: If merging two Certificate/Degree Programs, the following information is required:**

CIP Code for Second Certificate/Degree Program:

Name of Second Certificate/Degree Program:

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**Section V: If adding or eliminating a Certificate/Degree Program offered through distance education, the following information is required:**

Adding

Eliminating

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**Section VI: If changing the name of a Certificate/Degree Program, the following information is required:**

Name of New Certificate/Degree Program:

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**Section VII: If adding locations for a Certificate/Degree Program, the following information is required:**

New Location(s) for Certificate/Degree Program:

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**Section VIII: If eliminating, suspending, or reinstating a Certificate/Degree Program, the following information is required:**

Eliminating

Suspending

Reinstating\*

*\*Only suspended programs may be reinstated.*

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**Section IX: If changing the number of credit hours for the Certificate/Degree Program, the following information is required:**

Current Number of Hours:

New Number of Hours:

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**Section X: For use by Ivy Tech campuses only:**

Ivy Tech Campuses Affected:

Check all that apply (*hold down control to select more than one*):

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**Section XI: Please provide any additional information necessary to process your request.  
You may also attach supporting documents.**

Completed by:

First Name:

Last Name:

Telephone:

Email address:

By checking this box I am signing that the information I provided above is accurate as of this date: *(mm/dd/yyyy)*