



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. Direct questions pertaining to this form to 317-464-4400 ext. 120.

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:

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:

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:

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:

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

Adding

Eliminating

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

Name of New Certificate/Degree Program:

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

New Location(s) for Certificate/Degree Program:

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.*

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:

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*):

**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)*