

CIP Code Change Request Form

Submission Deadlines

___ Fall Date: August 15th ___ Spring Date: December 15th

Submitter Information

Name: _____

Email: _____

Phone: _____

Program Information

Program Name:

Department Name:

CIP Code Information

Current CIP Code :

Current CIP Code Description (from <https://nces.ed.gov/ipeds/cipcode/default.aspx?y=56>)

New CIP Code Requested :

New CIP Code Description (from <https://nces.ed.gov/ipeds/cipcode/default.aspx?y=56>)

Rationale for Change

Select one :

Error in current CIP code assignment

Change to program curriculum

___ Change by federal agency prompting review and re-alignment

Other:

Provide substantive explanation for change, including how the new (proposed) CIP code better characterizes the program than the existing CIP code.

Approver:

Date: