

[WSCUC Substantive Change Screening Form](#)

(Note: the above title is hyperlinked to the [WSCUC Substantive Screen page](#))

Please complete the fields below to determine if your program will need to undergo a full substantive change

Department name:

Full program name no abbreviations (e.g., Doctor of Nursing Practice) as it should appear in the WSCUC Directory of Institutions:

Program description:

Start Date of proposed change (month/day/year):

Requested month of review (estimate a month for after p-form and c-forms have been approved by campus curriculum committees):

Degree level (i.e., Bachelors, Masters, Doctoral):

Modality (in-person, hybrid, online):

Anticipated [CIP Code](#) of the proposed program:

Will the program utilize an agreement with an entity that will need approval as described in WSCUC's "Agreements with Unaccredited Entities Policy"?: Y/N

Is this a request for resubmission of a previous proposal in which resubmission was indicated?: Y/N

Is the institution on Provisional status with the Department of Education for the purposes of Federal Student Aid?: Y/N

Is this a competency based degree program: Y/N

Are you submitting for a change in program length: Y/N

Is this a joint or dual degree? Y/N

If yes, please specify the partner institution name:

Program duration:

Please provide the names and [CIP codes](#) of the institution's two most closely related programs to the proposed program:

- 1.
- 2.

Number of new courses being required for this program:

How many new faculty members will be required for this program:

Number of units/credits required for completion of the program:

Please describe any significant additional equipment or facilities needed for the program:

Please describe any significant additional financial resources needed:

Please describe any significant additional library/learning resources needed: