

Substantive Change Cover Sheet

1. Complete and submit a Substantive Change Cover Sheet with every substantive change submission.
2. Submit substantive changes as separate submissions except as permitted by policy.
3. Multiple changes in one submission, except as allowed by policy, will be returned.
4. An invoice will be issued, if required, when action is taken; no need to send payment until invoiced.

INSTITUTIONAL INFORMATION

INSTITUTION NAME (NO ABBREVIATIONS)	MAIN CAMPUS CITY + STATE (OR NON-U.S. COUNTRY)
OFFICE USE	
IS THE INSTITUTION CURRENTLY ON REIMBURSEMENT FOR TITLE IV FEDERAL FUNDING? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶ If "Yes" see policy for approval process requirements.	

SUBSTANTIVE CHANGE RESTRICTION

1. Is the institution currently on Warning, Probation, or Probation for Good Cause?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Was the institution placed on Warning, Probation, or Probation for Good Cause on or after September 3, 2020, and subsequently removed from sanction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the institution currently under provisional certification for participation in federal financial aid programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If ANY are "Yes" the institution is on SUBSTANTIVE CHANGE RESTRICTION . Refer to the <i>Substantive Change Policy and Procedures</i> for differential requirements and conditions.		◀◀

SUBMISSION INFORMATION

SUBSTANTIVE CHANGE TYPE (ONLY USE DESCRIPTIONS DEFINED IN POLICY)	SUBMISSION DATE	IMPLEMENTATION DATE
SUBSTANTIVE CHANGE DESCRIPTION		

OFF-CAMPUS INSTRUCTIONAL SITES /ADDITIONAL LOCATIONS RELATED TO THIS SUBMISSION

	Site Name	Address	City	State	ZIP Code	Country
1.						
2.						
3.						
4.						
5.						

PROGRAMS RELATED TO THIS SUBMISSION

	Program Name (to include discipline)	Credential (Diploma, Bachelor of Arts, etc.)	Instructional Level (undergrad/grad)
1.			
2.			
3.			
4.			
5.			

SUBMITTED

I certify the information on this form is correct and accurately represents the current status of the institution at the time of submission.

LIAISON or CEO NAME	EMAIL ADDRESS	<i>Suggest electronically signing with Adobe Acrobat when complete and before submitting (optional).</i>
<i>Randall Dawson</i>		



ALAMO COLLEGES DISTRICT
St. Philip's College

Office of the President

May 17, 2021

Dr. Belle Wheelan, President
Southern Association of Colleges and Schools
Commission on Colleges
1866 Southern Lane
Decatur, GA 30033

Dear Dr. Wheelan,

In accordance with the Southern Association of Colleges and Schools Commission on Colleges' *Principles of Accreditation: Foundations for Quality Enhancement*, St. Philip's College is pleased to notify you that beginning spring 2022, students will have the opportunity to complete 25-49% of the coursework required for the Healthcare Technician: Phlebotomy Level 1 Certificate at the following high school location:

South San High School
7535 Barlite Blvd
San Antonio, TX 78224

I look forward to continually working to ensure that St. Philip's College complies with all guidelines set forth by the Southern Association of Colleges and Schools Commission on Colleges. Please let me know if you have any questions or need any clarification.

Sincerely,

Randall Dawson

Randall Dawson
Acting President

cc: George Johnson, III, SACSCOC Accreditation Liaison, St. Philip's College