

Substantive Change Cover Sheet

Submit to SACSCOC,
Substantive Change, 1866
Southern Lane, Decatur, GA
30033. One copy only;
electronic media preferred. Do
not email submissions or send
copies to staff. Thank you.


Note:

1. Include a completed cover sheet with each submission; please don't submit a cover sheet only.
2. Submit substantive changes as separate submissions except as permitted by policy.
3. Submit substantive changes defined in policy only; others are not reviewable.
4. For best results, download this form and complete with [Adobe Reader](#). Hover mouse over fields for guidance.

INSTITUTIONAL INFORMATION

INSTITUTION (NO ABBREVIATIONS PLEASE)	CITY + STATE/PROVINCE
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SUBSTANTIVE CHANGE RESTRICTION

1. Is the institution currently on Warning, Probation, or Probation for Good Cause?	<input type="radio"/> Yes	<input type="radio"/> 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="radio"/> Yes	<input type="radio"/> No
3. Is the institution currently under provisional certification for participation in federal financial aid programs?	<input type="radio"/> Yes	<input type="radio"/> No
If ANY are "Yes" the institution is on SUBSTANTIVE CHANGE RESTRICTION . Additional and/or different requirements may apply; consult policy.		

SUBMISSION INFORMATION

SUBSTANTIVE CHANGE TYPE (SELECT FROM DROP-DOWN LIST; SUBMIT ONLY TYPES DEFINED IN POLICY)	SUBMISSION DATE
SUBSTANTIVE CHANGE DESCRIPTION (BRIEF SUMMARY)	INTENDED IMPLEMENTATION

OFF-CAMPUS INSTRUCTIONAL SITES SUBMITTED IN THIS SUBSTANTIVE CHANGE

Site Name, Physical Address, City, State/Province, ZIP or Postal Code, and Country/Territory

1.	
2.	
3.	
4.	
5.	There are more than 5 sites in this submission → <input type="radio"/>

PROGRAMS SUBMITTED IN THIS SUBSTANTIVE CHANGE

Include credential AND discipline: e.g., Associate of Arts in English, Bachelor of Science in Physics, Certificate in Office Management, etc.

1.	
2.	
3.	
4.	
5.	There are more than 5 programs in submission → <input type="radio"/>

SUBMITTED	FOR OFFICE USE
I certify the information on this form is correct and accurately represents the current status of the institution at the time of submission.	
SUBMITTING LIAISON or CEO NAME	EMAIL ADDRESS

Revised 01/31/2022

[Check for current version](#)