



Board of Governors, State University System of Florida  
**PROGRAM CIP CHANGE REQUEST FORM**  
In Accordance with BOG Regulation 8.011

**INSTITUTION:** \_\_\_\_\_  
(If applicable, please include the campus)

**PROGRAM NAME:** \_\_\_\_\_

**DEGREE LEVEL(S):** \_\_\_\_\_  
(B, M, Ed.D., Ph.D., etc)

**CURRENT CIP CODE:** \_\_\_\_\_

**REQUESTED CIP CODE:** \_\_\_\_\_

**PROPOSED EFFECTIVE TERM OF REPORTING STUDENTS UNDER NEW CIP:**

\_\_\_\_\_  
(First term for students in the program using the new CIP code. The Effective Term must not be the present term)

*Please use this form to notify the Board of Governors, State University System of Florida that an institution intends to change the CIP code for an already existing degree program and begin reporting enrollments and degrees data under the new CIP code. This action will allow for more accurate data analysis of enrollment and degree productivity as well as it will initiate any necessary changes to the articulation manuals and online search tools.*

- 1. Provide a short background and rationale for the CIP change request.**



**5. If applicable, please explain how the CIP change will impact the program's listing in a Programs of Strategic Emphasis (PSE) category. Please provide a rationale to support the need for the program to be included in a PSE category, if it is not already included in a PSE category.**

**6. For baccalaureate programs please identify any related changes to the approved common prerequisites and degree program length.**

**7. If this is a baccalaureate program, please list the common prerequisites for the current CIP code as listed in the program's curriculum and the common prerequisites associated with the new CIP code.**

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**CIP Change Request Form – Signatures Page**

\_\_\_\_\_  
Requestor/Initiator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of College Dean/Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provost

\_\_\_\_\_  
Date