University of Alabama Substantive Change Routing Approval Form

Name of the Degree Program: __________________________________________________________________________

Originating Department: __________________________________________________________________________

Check one: ☐ This substantive change involves a new degree program to be offered online or at an off-campus location
☐ This substantive change is an existing and approved degree program to be offered at an off-campus location or
utilizing a distance education delivery format

Approvals:

1. Department Chair: The UA and SACSCOC policies and procedures have been followed in the
preparation of this substantive change:

__________________________________________
(Print Name)

__________________________________________
(Signature)

2. College Associate Dean: I have reviewed and verify that the action steps executed by the department chair
ensure that all UA, SACSCOC, and federal policies and procedures pertaining to the
substantive change have been met.

__________________________________________
(Print Name)

__________________________________________
(Signature)

3. College Dean: I have reviewed and approve the substantive change and verify that all federal,
SACSCOC and UA substantive change policies and procedures have been met.

__________________________________________
(Print Name)

__________________________________________
(Signature)

(if Graduate Degree Program)
4. Graduate Dean/Assoc Dean I have reviewed the graduate level substantive change documentation and affirm
that all UA Graduate School policies and procedures associated with a substantive
change have been addressed.

__________________________________________
(Print Name)

__________________________________________
(Signature)

(if International Program)
5. Associate Provost for International Education I have reviewed the substantive change documentation and affirm that all
provisions within the Memorandum of Understanding are consistent with Capstone
International Center academic program policies.

__________________________________________
(Print Name)

__________________________________________
(Signature)

6. Provost & VP Acad Affairs: ☐ I approve the substantive change for this existing approve degree program
☐ I approve the substantive change for this new degree program pending official approval from the SACSCOC.

__________________________________________
(Print Name)

__________________________________________
(Signature)
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□ This substantive change is an existing and approved degree program to be offered at an off-campus location or utilizing a distance education delivery format

Approvals:

1. Department Chair: The UA and SACSCOC policies and procedures have been followed in the preparation of this substantive change:

__________________________________________
(Print Name)

__________________________________________
(Signature)

2. College Associate Dean: I have reviewed and verify that the action steps executed by the department chair ensure that all UA, SACSCOC, and federal policies and procedures pertaining to the substantive change have been met.

__________________________________________
(Print Name)

__________________________________________
(Signature)

3. College Dean: I have reviewed and approve the substantive change and verify that all federal, SACSCOC and UA substantive change policies and procedures have been met.

__________________________________________
(Print Name)

__________________________________________
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(if Graduate Degree Program)

4. Graduate Dean/Assoc Dean I have reviewed the graduate level substantive change documentation and affirm that all UA Graduate School policies and procedures associated with a substantive change have been addressed.

__________________________________________
(Print Name)

__________________________________________
(Signature)

(if International Program)

5. Associate Provost for International Education I have reviewed the substantive change documentation and affirm that all provisions within the Memorandum of Understanding are consistent with Capstone International Center academic program policies.

__________________________________________
(Print Name)

__________________________________________
(Signature)

6. Provost & VP Acad Affairs: □ I approve the substantive change for this existing approve degree program
□ I approve the substantive change for this new degree program pending official approval from the SACSCOC.

__________________________________________
(Print Name)

__________________________________________
(Signature)