



ACADEMIC PROGRAM INVENTORY (API) CHANGE REQUEST
Indiana Commission for Higher Education/Indiana Board for Proprietary Education

State Form 55494 (2-14)

Submit completed request forms to API@che.in.gov. Direct questions pertaining to this form to 317-464-4400 ext. 138.

Section I: The following information is required of all Institutions:

Institution Name:

Campus:

Level of Existing Diploma/Certificate/Degree Program:

CIP Code for Existing Diploma/Certificate/Degree Program:

Name of Existing Diploma/Certificate/Degree Program (*as shown in the API*):

Nature of Change:

Section II: If adding a Diploma/Certificate Program, the following information is required:

Level of Diploma/Certificate:

CIP Code for Diploma/Certificate:

Name of Diploma/Certificate:

Section III: If splitting a Diploma/Certificate Program into two programs, the following information is required:

CIP Code for Second Diploma/Certificate Program:

Name of Second Diploma/Certificate Program:

Section IV: If merging two Diploma/Certificate Programs, the following information is required:

CIP Code for Second Diploma/Certificate Program:

Name of Second Diploma/Certificate Program:

Section V: If adding or eliminating a Diploma/Certificate Program offered through distance education, the following information is required:

Adding

Eliminating

Section VI: If changing the name of a Diploma/Certificate/Degree Program, the following information is required:

Name of New Diploma/Certificate/Degree Program:

Section VII: If adding locations for a Diploma/Certificate Program, the following information is required:

New Location(s) for Diploma/Certificate/Degree Program:

Section VIII: If eliminating, suspending, or reinstating a Diploma/Certificate/Degree Program, the following information is required:

Eliminating

Suspending

Reinstating*

** Only suspended programs may be reinstated.*

Section IX: If changing the number of semester credit hours for the Diploma/Certificate/Degree Program*, the following information is required:

Current number of hours:

New Number of Hours:

** This form should only be used for degree program changes of less than 25% of the total required credit hours.*

**Section X: Please provide any additional information necessary to process your request.
You may also attach supporting documents.**

Completed by:

First Name:

Last Name:

Telephone:

Email Address:

By checking this box I am signing that the information I provided above is accurate as of this
date: *(mm/dd/yyyy)*