**The University of Alabama Substantive Change Routing Form for Distance Delivery of Approved Program**

**Name of the Degree Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Originating Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Distance Mode of Delivery: (Circle) Online Off-Campus Instructional Site**

 **(Please provide physical address of off-campus site.)**

**Proposed Date of Implementation: \_\_\_\_\_\_\_\_\_\_**

**Affirmations**

As the parties responsible for ensuring the integrity of this proposed program, we:

* Affirm that the degree program is currently listed on the official UA ACHE Degree Program Inventory.
* Affirm that each course syllabus for the program contains clearly defined and measurable course-level student learning outcomes to be achieved upon completion of the course.
* Affirm that the faculty members assigned to teach each course holds the appropriate degree and/or credentials qualifying him/her to teach the respective course in accordance with The University of Alabama and SACSCOC faculty credential requirements.
* Affirm that each course to be delivered online or off campus meets The University of Alabama Credit Hour Policy.
* Affirm that assessment of student learning outcomes of the proposed program will be conducted according to UA assessment policies and practices.
* Affirm that the students enrolled in the proposed program will have access to the same or comparable library and information resources as the on-campus student enrolled in the program or comparable face-to-face programs and that staffing and services are in place to support the distance offering.
* Affirm that adequate physical facilities and equipment are accessible to the student at off-campus instructional sites to meet the demands and expectations of the degree program.

*Department Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_*

 *(Print Name) (Sign) (Date)*

*College Associate Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_*

 *(Print Name) (Sign) (Date)*

*College Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_*

 *(Print Name) (Sign) (Date)*

*Graduate Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_*

*(If applicable) (Print Name) (Sign) (Date)*

*Associate Provost for International Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_*

*(If applicable) (Print Name) (Sign) (Date)*

***Please return signed original to SACSCOC Liaison.***

As proposed, this change does not require notification and/or approval by SACSCOC.

*SACSCOC Liaison \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_*

 *(Print Name) (Sign) (Date)*

*Provost (or designee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_*

 *(Print Name) (Sign) (Date)*