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## COVER PAGE FOR SUBSTANTIVE CHANGE REQUESTS

Name of Institution	
Type of proposed change (See Substantive Change <a href="#">Policy Pp72</a> )	
Effective date of implementation	
Date of institutional governing board approval	
Is state approval required?	<input type="checkbox"/> No <input type="checkbox"/> Yes, approved (date) _____ (Attach verification.)
Contact Person:	Name: Title: Phone: Fax: e-mail:
Please summarize the proposed change	
Signature of CEO:	
Date:	