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NOTIFICATION OF PROGRAM MODIFICATION

NAME OF INSTITUTION: _____

VIRGINIA CAMPUSES WHERE MODIFICATION(S) WILL OCCUR: _____

MODIFY EXISTING PROGRAMS

EFFECTIVE DATE OF MODIFICATION: _____

Current Name of Program	CIP Code	Description of Modification

DELETE PROGRAMS

EFFECTIVE DATE OF DELETION: _____

Name of Program	CIP Code	Reason for Deletion

Name: _____ Title: _____