

### Substantive Change Submission/ Approval Form

To maintain accreditation with the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), Texas Southmost College must notify SACSCOC of any potential or actual substantive changes in programs, facilities, centers, or program delivery in a timely fashion, and in many cases, must obtain prior approval from SACSCOC prior to implementation of such a change.

When reporting a proposed substantive change [as defined in GK (LOCAL) and the SACSCOC Substantive Change Policy for SACSCOC Accredited Institutions, please complete the below information and assessment (if applicable) and forward to the SACSCOC Accreditation Liaison (AL) in the Office of Institutional Planning, Research and Effectiveness.

Initiator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Type: \_\_\_\_\_

Brief Description of the Proposed Change:

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### Substantive Change Assessment

***Does this initiative:***

- |  |         |        |
|--|---------|--------|
| Initiate new degree/certificate (significant departure from current programs)? | ___ Yes | ___ No |
| Initiate a direct assessment competency-based program?                         | ___ Yes | ___ No |
| Alter significantly the length of a program (25% or more)?                     | ___ Yes | ___ No |
| Close a program or award?  | ___ Yes | ___ No |
| Initiate coursework or program at a different level than currently approved?   | ___ Yes | ___ No |
| Initiate a branch campus?  | ___ Yes | ___ No |
| Initiate a new off-campus instructional site?                                  | ___ Yes | ___ No |
| Move an off-campus instructional site?   | ___ Yes | ___ No |
| Close an off-campus instructional site?  | ___ Yes | ___ No |
| Initiate a merger/consolidation?   | ___ Yes | ___ No |
| Initiate programs/courses offered through contractual agreement or consortium? | ___ Yes | ___ No |
| Change governance, ownership, control or legal status of TSC?                  | ___ Yes | ___ No |
| Initiate a joint or dual degree program with another institution?              | ___ Yes | ___ No |

**To be completed by the SACSCOC Accreditation Liaison only:**

Does this initiative reflect a substantive change? \_\_\_Yes \_\_\_No. If “Yes” designate the reporting requirements, procedures to be followed, and the Directly Responsible Individual (DRI). If “No”, please include relevant instructions, if any, below.

Reviewed and Approved by SACSCOC Accreditation Liaison:

SACSCOC Accreditation Liaison’s Name: \_\_\_\_\_

SACSCOC Accreditation Liaison’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Signatures and dates required for this proposed substantive change shall be indicated with an “X” below the SACSCOC AL.

Each DRI listed below indicates with his/her signature that (i) all relevant policies and procedures pertaining to the attached substantive change proposal including, but not limited to, the SACSCOC Policy Statement on Substantive Change for SACSCOC Accredited Institutions and TSC’s Substantive Change Regulation [See GK (REGULATION)] have been followed; (ii) he/she approves the attached substantive change proposal; and (iii) he/she has effectively communicated his/her approval and support for the change to all direct reports that may be impacted.

For  
SACSCOC  
AL use  
Only

	_____	Date: ___/___/___
	TSC President	
	_____	Date: ___/___/___
	Vice President of Instruction	
	_____	Date: ___/___/___
	Associate Vice President of Instruction	
	_____	Date: ___/___/___
	Dean of Humanities	
	_____	Date: ___/___/___
	Dean of STEM/CTE	
	_____	Date: ___/___/___
	Dean of Health Professions	

Date of TSC Board of Trustees, *if applicable*: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Date of Submission to SACSCOC by the SACSCOC Accreditation Liaison: \_\_\_/\_\_\_/\_\_\_