

**MASSACHUSETTS BOARD OF HIGHER EDUCATION
ONE ASHBURTON PLACE, ROOM 1401, BOSTON, MA 02108**

**Addition of New Minor, Concentration, Option, Specialization, or Track to
an existing Degree Program – State College or University**

Date of Submission:		
Institution:		
Degree Program Title:		
Degree Program CIP Code:		
New Addition Type and Title:	<i>Check One:</i>	<i>Addition Title:</i>
	Option <input type="checkbox"/>	
	Minor <input type="checkbox"/>	
	Concentration <input type="checkbox"/>	
	Specialization <input type="checkbox"/>	
	Track <input type="checkbox"/>	
Proposed CIP Code for New Addition:		
Date of President's Office Approval:		
Chief Academic Officer Name and Title (CAO):		
CAO Email Address:		
CAO Phone:		

Please E-mail to:

Angela Williams, Paralegal
Email: awilliams@bhe.mass.edu
Phone: (617) 994-6963