



**ACADEMIC PROGRAM INVENTORY (API) CHANGE REQUEST**  
**Indiana Commission for Higher Education/Indiana Board for Proprietary Education**

State Form 55494 (R / 2-17)

Submit completed request forms to [API@che.in.gov](mailto:API@che.in.gov). Direct questions pertaining to this form to 317-232-1054.

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**Section I: The following information is required of all Institutions:**

Institution Name:

Campus:

Level of Existing Diploma/Certificate/Degree Program:

CIP Code for Existing Diploma/Certificate/Degree Program:

Name of Existing Diploma/Certificate/Degree Program (*as shown in the API*):

Nature of Change:

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**Section II: If adding a Diploma/Certificate Program, the following information is required:**

Level of Diploma/Certificate:

CIP Code for Diploma/Certificate:

Name of Diploma/Certificate:

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**Section III: If splitting a Diploma/Certificate Program into two programs, the following information is required:**

CIP Code for Second Diploma/Certificate Program:

Name of Second Diploma/Certificate Program:

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**Section IV: If merging two Diploma/Certificate Programs, the following information is required:**

CIP Code for Second Diploma/Certificate Program:

Name of Second Diploma/Certificate Program:

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**Section V: If adding or eliminating a Diploma/Certificate Program offered through distance education, the following information is required:**

Adding

Eliminating

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**Section VI: If changing the name of a Diploma/Certificate/Degree Program, the following information is required:**

Name of New Diploma/Certificate/Degree Program:

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**Section VII: If adding locations for a Diploma/Certificate Program, the following information is required:**

New Location(s) for Diploma/Certificate/Degree Program:

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**Section VIII: If eliminating, suspending, or reinstating a Diploma/Certificate/Degree Program, the following information is required:**

Eliminating

Suspending

Reinstating\*

*\* Only suspended programs may be reinstated.*

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**Section IX: If changing the number of semester credit hours for the Diploma/Certificate/Degree Program\*, the following information is required:**

Current number of hours:

New Number of Hours:

*\* This form should only be used for degree program changes of less than 25% of the total required credit hours.*

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**Section X: Please provide any additional information necessary to process your request.  
You may also attach supporting documents.**

Completed by:

First Name:

Last Name:

Telephone:

Email Address:

By checking this box I am signing that the information I provided above is accurate as of this date: *(mm/dd/yyyy)*