

**Application for Submission of
SUBSTANTIVE CHANGE PLAN
By CAA-Accredited Graduate Education Programs
Implemented January 1, 2002; revised December 2007**

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| Name of Program | |
| CAA File # | |
| Area of Study for which Substantive Change applies: | <input type="checkbox"/> Audiology <input type="checkbox"/> Speech-Language Pathology |
| College or University: | |
| Address: | |
| | |
| | |
| Program Director Name: | |
| Program Director Phone: | |
| Program Director Fax: | |
| Program Director E-mail: | |

If the change involves more than one program or sites identify all entities/sites involved.

| | |
|----------------------|--|
| Entity Name: | |
| Contact Name: | |
| Address: | |
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| Entity Name: | |
| Contact Name: | |
| Address: | |
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| | |
| Entity Name: | |
| Contact Name: | |
| Address: | |
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| | |

Signature of Program Director

Date

Signature of Program Director

Date

PLEASE COMPLETE ALL OF THE FOLLOWING QUESTIONS:

I. **Type of substantive change:** *Please check all changes that apply and submit the appropriate sections and appendices as required.*

- Change degree level** (Submit Section 1 and Appendices as indicated in Section 1)
 - Transition from accredited entry-level SLP master's degree to entry-level SLP doctoral degree
 - Addition of an entry-level doctoral degree
 - Other
- Add a distance education component** (Submit Section 2 and all Appendices as indicated in Section 2)
- Add a component at a branch campus or satellite location** (Submit Section 3 and all Appendices as indicated in Section 3)
- Establish a contractual arrangement between a CAA-accredited program and another type of entity (not an institution of higher education)** (Submit Section 4 and all Appendices as indicated in Section 4)
- Other Type of Substantive Change (Please specify):**
 - Other:** _____

NOTE: *All new developing consortium programs must submit an Application for Candidacy.*

II. **Have entry-level degrees in the same professional area been granted via the proposed program in the five years prior to the date of this application?**

- Yes *(If yes, this mechanism may not be used; refer to Policy on Substantive Changes)*
- No

III. **Has the proposed change been approved by all appropriate university and state authorities?** **NOTE:** All institutional approvals must be secured prior to submission of the Substantive Change Plan. State (or other higher education entity) approvals must be obtained prior to CAA approval of the plan. Copies of all approvals must be submitted with this application.

- Yes
- No (**DO NOT** submit this application until required approvals have been secured.)
- Documentation demonstrating such approvals has been included in this application.

IV. **What is the date on which the first students will be enrolled in the proposed program?**
____/____(month/year)

Will the program continue to enroll new students in the currently accredited program?

- Yes
- No

If No, please provide the date by which it will be phased out (____/____month/year) and describe your plan for informing all students.