**DUAL DEGREE OFFERED *BETWEEN* INSTITUTIONS**

**PRIOR NOTIFICATION FORM**

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| --- | --- |
| **Institution:** | **Institution:** |
| **College/Division:** | **College/Division:** |
| **Department:** | **Department:** |
| **Degree Name:** | **Degree Name:**  |
| **CIP Code:** | **CIP Code:** |

**Include a copy of all required documentation for dual educational programs as indicated by the Southern Association of Colleges and Schools, Commission on Colleges’ Policy on Collaborative Academic Arrangements (**[**http://www.sacscoc.org/pdf/Collaborative%20Arrangements%20final.pdf**](http://www.sacscoc.org/pdf/Collaborative%20Arrangements%20final.pdf)**)**

**A copy of the final signed agreement that includes a statement of intent, anticipated start date, description of the proposed collaborative agreement, address/location of the collaborative activity, and contact information for the lead person(s) at each participating institution.**