**NOTIFICATION FORM FOR ADDITIONAL DISTANCE LEARNING DELIVERY OF EXISTING APPROVED PROGRAMS**

***(Institutional Online Offering of Second and Subsequent Online Programs)***

**Notification Date:**

**Institution:**

**College/Division:**

**Department:**

**Program Name:**

**CIP Code:**

**Type of Delivery (e.g., asynchronous, synchronous, Internet, DVD, CD-ROM, Broadcast Transmission):**

**Total Credit Hours Required for Completion:**

**Proposed Start Date:**

**Indication of whether the institution seeks the program to be listed on Georgia ONmyLINE [GOML] (yes or no):**

**Indication of whether the institution seeks the program to be listed with the SREB Electronic Campus (yes or no):**

**Contact information for the lead person in the department in addition to the Vice President for Academic Affairs:**

*Note: Upon completion at the campus, the institutional Vice President for Academic Affairs will submit this information through the sharepoint – new program review site for system office administrative approval.*