## **Substantive Change Cover Sheet**

- 1. Complete and submit a Substantive Change Cover Sheet with every substantive change submission.
- 2. Submit substantive changes as separate submissions except as permitted by policy.
- 3. Multiple changes in one submission, except as allowed by policy, will be returned.
- 4. An invoice will be issued, if required, when action is taken; no need to send payment until invoiced.

INSTITUTIONAL INFORMATION	ON				
INSTITUTION NAME (NO ABBREVIATIONS)		Lauisvilla KV	MAIN CAMPUS CITY + STATE (or NON-U.S. COUNTRY) Louisville, KY		
<b>University</b>	of Louisvill	e Eodisville, KT		OFFICE USE	
Officer	or Loaioviii	<u> </u>			
IS THE INSTITUTION CURRENTLY ON REIMBI					
0 7	ee policy for approval process requiremen	ts.			
SUBSTANTIVE CHANGE REST					
1. Is the institution currently on Warning, Probation, or Probation for Good Cause?			O Yes	● No	
2. Was the institution placed on Warning, Probation, or Probation for Good Cause on or after			after Yes	● No	
September 3, 2020, and subsequently removed from sanction?					
3. Is the institution currently under provisional certification for participation in			Yes	No	
federal financial aid programs?  If ANY are "Yes" the institution is on SUBSTANTIVE CHANGE RESTRIC					
R	efer to the Substantive Change				
	for differential require	ements and condi	tions.		
SUBMISSION INFORMATION SUBSTANTIVE CHANGE TYPE (ONLY USE DES	CONDITIONS DEFINED IN DOLLCY	SUBMISSION D	ATE IMPLEMENTA	TION DATE	
•					
Program Closure - Approval		06/08/20	06/08/2021 08/01/2021		
SUBSTANTIVE CHANGE DESCRIPTION			•		
Closure of Graduate Certificat	e in Translation and Interpreti	ng			
OFF-CAMPUS INSTRUCTIONAL SITES /ADDIT	IONAL LOCATIONS RELATED TO THIS SUBN	IISSION			
Site Name	Address	City	State ZIP Code	Country	
1.					
2.					
3.					
4.					
5.					
PROGRAMS RELATED TO THIS SUBMISSION					
Program Name (to include discipline)	Credential (Diploma, Bachelor of Arts, et	c.) Instructional Level	(undergrad/grad)		
Translation and Interpreting	Certificate	Graduate	Graduate		
2.					
3.					
4.					
5.					
SUBMITTED					
I certify the information on tl	nis form is correct and accrurat	ely represents the	current status of	the	
institution at the time of sub	mission.				
LIAISON or CEO NAME		Suggest electronically si	gning with		
Robert S. Goldstein Digitally signed by Robert S. Goldstein Date: 2021,06,08 15:18:34-0400' rsgold03@louisville.edu   Adobe Acrobat when complete before submitting (optional)				•	
Julio. 2021.00.00 15.1			31-7	,	