

## 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			
INSTITUTION NAME (NO ABBREVIATIONS)		MAIN CAMPUS CITY + STATE (OR NON-U.S. COUNTRY)	
<b>University of Louisville</b>		Louisville, KY	
		OFFICE USE	
IS THE INSTITUTION CURRENTLY ON REIMBURSEMENT FOR TITLE IV FEDERAL FUNDING? <input type="radio"/> Yes   <input checked="" type="radio"/> No   ▶ If "Yes" see policy for approval process requirements.			
SUBSTANTIVE CHANGE RESTRICTION			
1. Is the institution currently on Warning, Probation, or Probation for Good Cause?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
2. Was the institution placed on Warning, Probation, or Probation for Good Cause on or after September 3, 2020, and subsequently removed from sanction?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
3. Is the institution currently under provisional certification for participation in federal financial aid programs?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
If ANY are "Yes" the institution is on <b>SUBSTANTIVE CHANGE RESTRICTION</b> . Refer to the <i>Substantive Change Policy and Procedures</i> for differential requirements and conditions.		◀◀	
SUBMISSION INFORMATION			
SUBSTANTIVE CHANGE TYPE (ONLY USE DESCRIPTIONS DEFINED IN POLICY)		SUBMISSION DATE	IMPLEMENTATION DATE
<b>Program Closure - Approval</b>		06/08/2021	08/01/2021
SUBSTANTIVE CHANGE DESCRIPTION			
Closure of MA in French, Language and Literature			
OFF-CAMPUS INSTRUCTIONAL SITES / ADDITIONAL LOCATIONS RELATED TO THIS SUBMISSION			
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, etc.)	Instructional Level (undergrad/grad)	
1. French	Master of Arts	Graduate	
2.			
3.			
4.			
5.			
SUBMITTED			
I certify the information on this form is correct and accurately represents the current status of the institution at the time of submission.			
LIAISON or CEO NAME		EMAIL ADDRESS	
Robert S. Goldstein		rsgold03@louisville.edu	
<small>Digitally signed by Robert S. Goldstein Date: 2021.06.08 15:17:57 -0400</small>		<small>Suggest electronically signing with Adobe Acrobat when complete and before submitting (optional).</small>	