SUBSTANTIVE CHANGE EXPLANATION FORM
FOR POSTSECONDARY INSTITUTIONS

Please complete and return to the WASC office. Attach additional page(s) if necessary.

Name of Institution: ________________________________________________

Location: __________________________________________________________

Contact Person: ______________________ Phone: ______________________

• Briefly describe the nature of the change:

• Explain the reason for the change:

• Summarize the effect of the change on the educational program and institution’s operations:

Report prepared by: ________________________________________________

Signature __________________________ Title ___________________________ Date __________________________

Rev. 10/09