**MASSACHUSETTS BOARD OF HIGHER EDUCATION**

**ONE ASHBURTON PLACE, ROOM 1401, BOSTON, MA 02108**

**Reactivation of Program**

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| --- | --- |
| Date of Submission: |  |
| Institution: |  |
| Degree/Certificate Program Title: |  |
| Degree/Certificate Program CIP Code: |  |
| Total Number of Required Credits: |  |
| Date of DHE Approval of Suspension:  (must be less than 10 years) |  |
| Chief Academic Officer Name and Title (CAO): |  |
| CAO Email Address: |  |
| CAO Phone: |  |

*Submit 60 days before program reactivation.*

*Include Curriculum Outline and Faculty forms*

E-mail form to:

[PublicProgramReview@dhe.mass.edu](mailto:PublicProgramReview@dhe.mass.edu)

Phone: (617) 994-6950