

# 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)
IS THE INSTITUTION CURRENTLY ON REIMBURSEMENT FOR TITLE IV FEDERAL FUNDING? <input type="checkbox"/> Yes   <input type="checkbox"/> No ► If "Yes" see policy for approval process requirements.	OFFICE USE

## SUBSTANTIVE CHANGE RESTRICTION

1. Is the institution currently on Warning, Probation, or Probation for Good Cause?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the institution currently under provisional certification for participation in federal financial aid programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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
SUBSTANTIVE CHANGE DESCRIPTION		

### 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.			
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	Suggest electronically signing with Adobe Acrobat when complete and before submitting (optional).

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# LANIER

## Technical College

Hall Campus | 2535 Lanier Tech Drive | Gainesville, Georgia 30507

p: 770-533-7030 | f: 678-989-3107

Office of the President

September 24, 2021

Dr. Belle Wheelan  
Southern Association of Colleges and Schools  
Commission on Colleges  
1866 Southern Lane  
Decatur, GA 30033

Dear Dr. Wheelan:

I hope this letter finds you well.

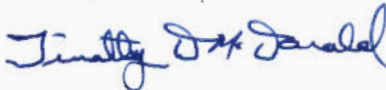
Please be advised that Lanier Technical College has decided to terminate its Hotel/Restaurant/Tourism Management program group due to both historically low enrollment and impacts of the COVID-19 pandemic on the industry as a whole. This program group includes the following awards:

- Hotel/Restaurant/Tourism Management AAS Degree
- Hotel/Restaurant/Tourism Management Diploma
- Hotel Management Specialist TCC
- Hospitality Customer Service Provider TCC
- Travel and Tourism Associate TCC
- Travel Agency Operations TCC
- Hospitality Operations Associate TCC
- Front Office Manager TCC
- Event Coordinator TCC

A teach-out plan is enclosed. Due to the number of awards within the program group, two cover sheets were needed. These are enclosed as well, along with other supporting documentation.

Should you have any questions or require more information, please contact me, or our liaison to the Commission, Dr. Joanne Tolleson, at [jtolleson@laniertech.edu](mailto:jtolleson@laniertech.edu) or 678-341-6640.

Sincerely,



Timothy D. McDonald, M.B.A.  
President

km

cc: Dr. Joanne Tolleson

HALL | FORSYTH | BARROW | DAWSON | JACKSON

[www.laniertech.edu](http://www.laniertech.edu)

A Unit of the Technical College System of Georgia