



REQUEST FOR CHANGE IN PROGRAM REQUIREMENTS

SIGNATURES: If disapproved or approved with reservations, attach rationale for such action.

_____	_____	<input type="checkbox"/>	Approve	<input type="checkbox"/>	Disapprove
Department Chair	Date				
_____	_____	<input type="checkbox"/>	Approve	<input type="checkbox"/>	Disapprove
College Curriculum Committee	Date				
_____	_____	<input type="checkbox"/>	Approve	<input type="checkbox"/>	Disapprove
College Dean(s)	Date				
_____	_____	<input type="checkbox"/>	Approve	<input type="checkbox"/>	Disapprove
Graduate Dean (graduate courses only)	Date				
_____	_____	<input type="checkbox"/>	Approve	<input type="checkbox"/>	Disapprove
University Curriculum Committee	Date				
_____	_____	<input type="checkbox"/>	Approve	<input type="checkbox"/>	Disapprove
University Senate	Date				

1. Title of Program _____

2. College/School/Center _____

3. Department _____

4. Contact Person: Name: _____ Phone: _____

E-Mail: _____

5. List the proposed program requirements changes(s):

6. Term: _____ Year: _____ of requested implementation by Department

7. Provide a rationale for the change:

8. Attach a comparison of the old program with the new program. This comparison should address an increase/decrease in credits with the net change in credits calculated.

9. Attach the revised program information in the form of catalog language underlining information that would be added to current catalog, and striking out any information that would be deleted for the current catalog.

10. Is this course required in any existing or proposed program?

- Yes If yes, attach letter of agreement from department chairs or other administrators responsible for the programs or majors affected by this change.
- No