

PROGRAM CHANGES

Department _____ Effective Term: _____

Program Name _____ Curriculum Code _____

Submitted By _____ Date _____

Submission must include red-lined Curriculum checksheet and red-lined Catalog copy.

Detailed Description of Changes:

Do these changes have any effect on General Education requirements in the program? If yes, explain.

Reason and Justification for Change: Be specific in your response. What improvements will the change(s) bring to the program?

If the program has an advisory committee, has the committee recommended and/or approved the change(s)?

If the program is accredited by an external agency, have these change/s been reviewed and approved by that agency?

Departments or Programs affected by this change and description of effects on those departments/programs:

APPROVALS

Department Chairperson _____ Date _____

Division Dean _____ Date _____

Chair of Curriculum Committee _____ Date _____

Vice-President of Academic Affairs _____ Date _____