

Minor Change to a Graduate Program

Program Name: _____

Complete only if applicable

Program named above is:

___ Option within _____
(degree program name)

___ Advising Pattern within _____
(option name)

within _____
(degree program name)

___ Certificate

Department Contact(s) w/phone #(s):

Brief rationale for change:

Does the proposed change enhance or support the [Diversity Action Plan](#) (see definition & Task 3.1)? ___

If yes, please explain.

Required Signatures

**The Department of _____
has reviewed and approved this program change**

Chair, Department Curriculum Committee

Date

Department Chair

Date

