

Minor Change to an Undergraduate 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)

___ Minor

___ Certificate

___ Changes being made affect a subject matter preparation or credential program.

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 approves this program change

Chair, Department Curriculum Committee Date

Department Chair Date

The College of _____ has reviewed and approves this program change

Chair, College Curriculum Committee Date

College Dean Date

Send signature page with proposal attached to Curriculum Services at Academic Affairs, zip 110

AA Technical Review Completed _____
Date