

Graduate Program Significant Change

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):

Required Signatures

The Department of _____
has reviewed and approved this program change

Chair, Department Curriculum Committee

Date

Department Chair

Date

The College of _____
has reviewed and approved this program change

Chair, College Curriculum Committee

Date

College Dean

Date

The Graduate Council has reviewed and approved this program change

Dean of Graduate School

Date

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

AA Review Completed

Date

Note: The department will be notified on the of dates for EPPC, Academic Senate, and Chancellor's Office (if applicable) review and number of copies needed.