Minor Change to a Credential Program

Program Name: _____

Brief rationale for change:

Required Signatures

The School of Education has reviewed and approved this program change:

_____ _____
Chair, School of Education Curriculum Committee Date

_____ _____
Director, School of Education Date

AURTEC has reviewed and approved this program change:

_____ _____
Chair, AURTEC Date

The College of Communication and Education has reviewed and approved this program change:

_____ _____
Chair, College Curriculum Committee Date

_____ _____
College Dean Date

Send signature page with revised catalog copy attached to Curriculum Services at zip 128

Curriculum Technical Review Completed _____