

Minor Change to a Graduate Program

Program Name: _____

Complete only if applicable

Program named above is:

___ Option 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

The College of _____
has reviewed and approved this program change

Chair, College Curriculum Committee

Date

College Dean

Date

Minor Change to a Graduate Program

The Graduate School has reviewed and approved this program change

Dean of Graduate School

Date

**Send signature page with proposal attached to Curriculum Services at
Undergraduate Education, zip 128**

Curriculum Technical Review Completed

Date