

Minor Change to an Undergraduate Program

Program Name: _____

Program named above is (complete only if applicable):

___ Option within _____
(degree program name)

___ Minor

___ Certificate

Will proposed changes affect Transfer Model Curriculum? Yes No If yes, explain:

Will proposed changes affect a subject matter preparation or credential program? Yes No [EM 07-012](#)

Brief rationale for change (attach additional pages if more space is needed):

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

**Send signature page with marked up catalog copy attached to Curriculum Services, SSC 464B, zip 128
Curriculum Technical Review Completed _____**