

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 _____**

CHECKLIST: MINOR PROGRAM CHANGE

- Signature page with rationale for changes
- Existing catalog copy clearly marked with proposed changes, preferably in red. Please do not use “track changes” or enable comments. Note: If changes are extensive, it may be helpful to use the [side-by-side comparison chart](#).
- Updated MAP (degree programs only)
- Evidence of consultation if adding/removing courses from another department (e-mail from Chair)
- CPCR's submitted for course changes or new courses