

# 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

# 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](#).
- Evidence of consultation if adding/removing courses from another department (e-mail from Chair)