

# 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:**

## Required Signatures

**The Department of** \_\_\_\_\_

**has reviewed and approved this program change**

\_\_\_\_\_  
Chair, Department Curriculum Committee

\_\_\_\_\_  
Department Chair

**The College of** \_\_\_\_\_

**has reviewed and approved this program change**

\_\_\_\_\_  
Chair, College Curriculum Committee

\_\_\_\_\_  
College Dean

# **Minor Change to a Graduate Program**

**The Graduate School has reviewed and approved this program change**

\_\_\_\_\_  
Dean of Graduate School

**Send signature page with proposal attached to Curriculum Services at 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)