

Graduate Program Significant Change

Program Name: _____

Program named above is (complete only if applicable):

Option within _____
(degree program name)

Certificate

Department Contact(s) w/phone #(s):

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

Graduate Studies has reviewed and approved this program change

Dean of Graduate Studies

Date

Send signature page with proposal attached to Curriculum Services at zip 128

Note: The department will be notified of the dates for EPPC, Academic Senate, and, if applicable, WASC and Chancellor's Office review.

CHECKLIST: SIGNIFICANT PROGRAM CHANGE

- Signature page and proposal
- 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 with library (if applicable)
- Statement of support from college Dean
- Updated MAP (UGRD degree programs only)
- Evidence of consultation if adding/removing courses from another department (e-mail from Chair)