

Undergraduate Program Significant Change

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](#)

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

Required Signatures

The Department of _____
has reviewed and approved these significant changes

Chair, Department Curriculum Committee

Date

Department Chair

Date

The College of _____
has reviewed and approved these significant changes

Chair, College Curriculum Committee

Date

College Dean

Date

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

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Send signature page with proposal attached to Curriculum Services: SSC 464B, zip 128

Curriculum Review Completed

Date

CHECKLIST: SIGNIFICANT PROGRAM CHANGE

- Signature page and proposal
- Rationale for changes (II)
- 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 (III C)
- Statement of support from college Dean (III D)
- Updated MAP (UGRD degree programs only) (IV I)
- Evidence of consultation if adding/removing courses from another department (e-mail from Chair)