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? Y	es No I	f yes, explain:
Is this a subject matter preparation or credential program? Yes If yes, changes will be submitted to AURTEC for review. S 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	<u></u>	
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.

Undergraduate Program Significant Change

Send signature page with proposal attached to Curriculum S	Services:	55C 464B, Z	1p 128
Curriculum Review Completed			
	Date		

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 <u>side-by-side comparison chart</u> .
\square 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)
□ CPCRs submitted for course changes or new courses