

REQUEST FOR CHANGE IN PROGRAM/MAJOR/DEGREE/OPTION/CORE CURRICULUM
REQUIREMENTS

Department _____ Academic Year Effective _____

Identify Program/Major/Degree/Option/Core Curriculum (specify concentration if applicable):

Requirements/options to be Deleted (As Currently Listed in Catalog)
(May attach xerox copy of catalog material as long as clearly marked)

Requirements/options to be added (as proposed for catalog):

Justification for change:

Indication of Consultation with other departments affected by proposed change:

Department:	Consulted:	Date:
Department:	Consulted:	Date:
Department:	Consulted:	Date:

APPROVED:

Chairperson of Department/Division
Curriculum Committee _____ Date _____

Chairperson of Department/Division _____ Date _____

Dean of College/School _____ Date _____

(If applicable)

Chair, Oversight Committee _____ Date _____

_____ Approved

_____ Disapproved

Dean of the Graduate School _____ Date _____
(for Graduate Council)

OR

Vice President for Academic Affairs _____ Date _____
(for University Curriculum Committee)

VPAA

1/22/96