PROPOSAL FOR CHANGES IN PROGRAM

____Undergraduate ___Masters ___Ph.D. ___Certificate

Title of Program:

Date of Submission:

Brief Summary of Proposed Changes and Rationale (Attach additional information if needed)

Signatures:

_____ _____
Department/School Curriculum Chair Date

_____
Printed Name and contact information

_____ _____
Department/School Chair Date

_____
Printed Name and contact information

_____ _____
College Curriculum Chair Date

_____
Printed Name and contact information

_____ _____
College Dean Date

Approved by:

_____ _____
University Curriculum Council Program Chair Date

_____ _____
University Curriculum Council Chair Date

August, 2006