For Academic Programs Office Use Only

R. E. \_\_\_\_\_\_\_\_ Catalog\_\_\_\_\_\_\_File\_\_\_\_\_

**PROGRAM CHANGE PROPOSAL - Form P-2**

COLLEGE  CHABSS  CoBA  CoEHHS  CSM

**TITLE OF PROGRAM**       Discipline

Check one:  Change to Program  Program Deletion

**TITLE OF DEGREE PROGRAM**:

This form is the signature sheet for a change to, or deletion of, an existing program.

Note that the addition of a new option/concentration/emphasis/track is a new “program,” and requires the use of Form P.

For a change to a program,

1. Attach a page (or pages) giving a brief summary of the purpose of this proposal, and its connection to the mission and student learning outcomes of the program.
2. Attach catalog copy showing exactly how the program should appear in the catalog if the changes are approved.

For a program deletion, attach a statement explaining the impact on students: how will the program be “taught-out” for declared majors?

Does this proposal impact other disciplines or units? Yes No If yes, obtain signature(s).

Any objections or concerns should be stated in writing and attached to this form. Please check the box to indicate whether a memo has been attached.

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_Support \_\_\_\_\_\_Oppose

Discipline/Unit Signature Date

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_Support \_\_\_\_\_\_Oppose

Discipline/Unit Signature Date

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_Support \_\_\_\_\_\_Oppose

Discipline/Unit Signature Date

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_Support \_\_\_\_\_\_Oppose

Discipline/Unit Signature Date

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Originator (Please Print) Date Program/ Department - Director/Chair Date

***APPROVAL PROCESS***

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Curriculum Committee^ Date College Dean (or Designee)\* Date

5a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 5b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Curriculum Committee^ Date Budget and Long-Range Planning Committee (if applicable)^ Date

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Senate Date Provost (or Designee) Date

8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President Date Date to Chancellor’s Office (if applicable)

\* Where appropriate, attach a memo on program impact on the unit and the ability of the unit to support it. Check the box next to the signature line to indicate whether a memo has been attached.

^ Where appropriate, attach a memo summarizing the curricular and/or resource deliberations. Check the box next to the signature line to indicate whether a memo has been attached.