

# CHANGES TO EXISTING GRADUATE PROGRAM

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DEADLINE FOR SUBMITTING THIS FORM FOR CHANGES TO BE INCLUDED IN THE NEXT CATALOG IS FEB 1.

EFFECTIVE FOR ACADEMIC YEAR

COLLEGE

NAME OF PROGRAM

**PLEASE IDENTIFY CHANGES REQUESTED**  
**LIST PREFIX, NUMBER AND TITLE**

DELETE PROGRAM

CHANGE COURSE REQUIREMENTS (Attach a table that indicates current and proposed degree requirements)

CHANGE IN NUMBER OF REQUIRED SCH

FROM \_\_\_\_\_ TO \_\_\_\_\_

EXPLAIN

\* CHANGE IN DEGREE NAME (EXPLAIN)

OTHER (EXPLAIN)

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SUBMITTED BY

DATE

**APPROVAL SIGNATURES REQUIRED**

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DEAN

DATE

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\* ACADEMIC AFFAIRS ADVISORY COUNCIL CHAIRMAN

DATE

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VICE PRESIDENT FOR ACADEMIC AFFAIRS

DATE

Original: Registrar  
Copies: VPAA  
College Dean  
Executive Director for Planning & Institutional Effectiveness  
Director of Financial Aid & Veteran Services

\*Change requires Academic Affairs Advisory Council (A3) consideration