

**Texas A&M University-Texarkana**  
**CHANGES TO EXISTING UNDERGRADUATE PROGRAM**

Effective for Academic Year: \_\_\_\_\_

**Note:** Deadline for submitting this form for changes to be included in the next catalog is February 1<sup>st</sup>.

College:

Name of Program:

Please identify changes that are requested. Please list each 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 Degree Name (Explain)

\_\_Other (Explain)

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signatures Required:

College Dean: \_\_\_\_\_ Date: \_\_\_\_\_

\*Academic Affairs Advisory Council Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President for Academic Affairs \_\_\_\_\_ Date: \_\_\_\_\_

Original: Registrar

Copies: VPAA

College Dean

Executive Director for Planning & Institutional Effectiveness

Director of Financial Aid & Veteran Affairs

\*Changes that require Academic Affairs Advisory Council (A3) consideration.