PROGRAM CHANGE FORM 2016-2017					
COLLEGE:			DEPART	DEPARTMENT:	
INITIATOR: (Chair or Dean only – Not program Directors)			Date Sul	Date Submitted to the Committee:	
PRESENTER: (prior approval Chair or Dean)			Date of I	Date of Presentation:	
Request is for a:			Check	Check	
(a)	New Program		Flow Ch	art for New Program I (including previous ees)	
(b)	Program Deletion		Educatio Contacte	n Policy Committee ed	
(c)	Program Change		Program	Sheet Submitted	
MEMO TO EXPLAIN REQUEST					•
App	rovals: Signature and Date				
Curr	iculum Committee Co-chairs:	Date:	Chairperson or D	ean:	Date:
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Faci	ulty Senate President:	Date:	Provost:		Date:
Reg	istrar Office:				Date: