**NEW Undergraduate PROGRAM/ PROGRAM CHANGE PROPOSAL**

|  |  |
| --- | --- |
| **ACADEMIC UNIT:** |  |
| **DATE PREPARED:** |  |
| **PRIMARY AUTHOR(S):** |  |

**ACADEMIC PROGRAM**

**FACULTY APPROVED:**

**(Signature of Program Coordinator or Chair of Program Curriculum Committee) (Date)**

**CHAIRPERSON**

**APPROVED:**

**(Chairperson’s Signature) (Date)**

**DEAN APPROVED:**

**(Dean’s Signature) (Date)**

 **CHECK ITEM(s) BELOW FOR CHANGES DESIRED:**

** New Degree/Certification  Deletion of Degree or Certification**

** New or Revised Major  New or Revised Minor**

** Revised Degree or Certification  Other (specify below):**

1. **DESCRIPTION OF CHANGE**

2. **STARTING WITH:**

Fall \_\_\_\_Spring \_\_\_ Summer\_\_\_

Year\_\_\_\_\_\_\_\_\_

3. **EXPLANATION AND JUSTIFICATION FOR REQUESTED CHANGE**

4. **PROVIDE NEW OR BOTH OLD AND REVISED PROGRAM LADDERS**