This form is used to initiate curriculum program (major, minor, and concentration) actions, for the development of the college catalog, and official curriculum files. Please complete all applicable sections and route appropriately. The Provost will initiate final action upon receipt of signed original from the Curriculum Committee Chairman.

1a. CURRENT PROGRAM NAME:
(if applicable)

1b. PROPOSED PROGRAM NAME:
(if applicable)

2. PROGRAM TYPE:
(select one: MAJOR, MINOR, CONCENTRATION)

3. PROPOSED ACTION:
(select one: ADD, CHANGE, DEACTIVATE)

4. SEMESTER/YEAR OF IMPLEMENTATION:

5. EXPLANATION:
(be specific and detailed)

6. ACCREDITING OR CERTIFYING ORGANIZATION(S):
(if applicable)

7. WILL ACCREDITATION OR CERTIFICATION BE SOUGHT (yes/no):
(if applicable)

8. SUPPORTING MATERIALS:
(if applicable, insert or attach appropriate documents; i.e.: program of study)
9a. SPONSOR’S DEPARTMENT:

9b. SPONSOR’S NAME:

9c. SPONSOR’S SIGNATURE: __________________________ DATE: ______

APPROVAL SIGNATURES/ROUTING

DEPARTMENT CHAIR: ______________________________ DATE: ______

COLLEGE DEAN: ______________________________ DATE: ______

COORDINATING DEAN: ______________________________ DATE: ______
(if applicable)

GEN ED COORDINATOR: ______________________________ DATE: ______
(if applicable)

CURRICULUM CHAIR: ______________________________ DATE: ______

PROVOST: ______________________________ DATE: ______

To be completed by the Registrar:

STVMAJR: ___/___/___  SMAPRLE: ___/___/___  SOACURR: