

### Request for Program Revision

Current program name		
Indicate Changes	Program Revision	
Need for Impact Analyses (If yes, provided required analyses)	Significant Impact on IT? Y/N	Significant Impact on Library? Y/N
Proposed starting date		

#### Approval Signatures

Department Chair	_____	Date	_____
Curriculum Committee*	_____	Date	_____
VPAA*	_____	Date	_____

Distribution: Copy to Registrar  
 Copy to Common Drive  
 Copy to IR

### **Supporting Information**

Name of primary faculty contact	
Requesting department(s)	
Date submitted	
Is the program's name changing? Provide revised name if so.	
Rationale for change request	
Effect on students within the department	
Effect on other students	
Effect on faculty teaching loads	
In consideration of the WSCUC <i>Policy on Substantive Change</i> , will the change require WSCUC notification or approval?	

NOTE: When revising a program, please attach additional pages following material on additional pages as needed:

1. Coursework to add to the program
2. Coursework to delete from the program
3. Electives to add to the program
4. Electives to delete from the program
5. Changes in other program requirements
6. Changes in resource requirements

If the course of study is changing for this program, please provide a new program guide listing all requirements to complete the degree.

Please note if the revisions are to be published in next year's catalog they must be submitted to the Registrar's Office by April 1<sup>st</sup>.