

Curriculum Committee
Proposal to Change Degree Requirements
for a Minor/Concentration

1. Department(s) or School(s): _____
2. Name of the Minor/Concentration: _____
3. Semester and year in which degree change(s) will go into effect:

4. Change(s) Desired:
5. Justification for Change(s):

6. Signature of Department Chair
or Program Director: _____
Date: _____
7. Signature of Dean of School: _____
Date: _____
8. Signature of Provost: _____
Date: _____
9. Signature of Business Affairs Official: _____
Date: _____
10. Signature of Curriculum Committee Chair: _____
Date: _____
11. Signature of Faculty Senate Secretary: _____
Date Approved by Senate: _____

Completed form should be sent by the Faculty Senate Secretary to the Registrar. Information will be sent by the Registrar to:

1. Department Chair
2. Business Affairs Office (establishes course fee structure in SIS, referral to Board for necessary approval)
3. College Relations (addition to Undergraduate Catalog)
4. Academic Affairs Office (Attn: Provost, c/o Beth Murphy)
5. Undergraduate Studies (SNAP, ONCOURSE)