CHANGE DEGREE PROGRAM FORM

1. GENERAL INFORMATION

College:		Department:	
Current Major Name:			
Current Degree Title:			
Current CIP Code:		Proposed CIP Code:	
Accrediting Agency (if applicable):			
Requested Effective Date:	☐ Specific Date:	**FALL 2018**	
Dept. Contact Person:		Phone:	Email:
Rationale for change:			

2. APPROVALS

In the table below, please: identify the groups or individuals reviewing the proposal; note the date of approval; and offer a contact person for each entry.

Reviewing Group	Date Approved	Contact Person (name/phone/email)
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		/ /
		/ /
		/ /
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Comments: