*Please enter your information for the program revision you are proposing below. Your careful attention to the completion of all fields is appreciated. If you are unsure about how to enter something, please contact your Department Chair or Dean.*

## Basic Information

**Name of Program Revision Contact**:

**Contact Title:**

**Department:**

## Program Revision Information

**Date, Year, and Term of Proposed Revision**:

**Program Title**:

**Revision Type - *select all that apply***

\_\_ Credits

\_\_ Title

\_\_ Summary

\_\_ Outcomes

\_\_ Curriculum

\_\_ Suspension

\_\_ Reactivate

\_\_ Delete

\_\_ Repackage for a new area of concentration or certificate within existing program.

\_\_ Other: *(please describe)*

**Revised Outcomes *(If needed)***

**Revision Description and Justification**

*Please give as many details as possible about the revision, including justification for the change.*

**Program Impacts - select all that apply**

\_\_ Instructional costs (staff, materials, equipment, or facilities) required.

\_\_ Additional instructional costs (staff, materials, equipment, or facilities) are needed.

\_\_ Impact to other divisions in terms of classes and staffing

\_\_ Other:

*Please list changes to program course listing below.*

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| --- | --- | --- |
| **CURRENT** |  | **PROPOSED** |
| **Course #** | **Course Title** | **Credits** |  | **Course #** | **Course Title** | **Credits** |
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|  |  |  |  |  | Total credits for Program |  |

## Additional Documentation

*Please check additional forms or documentation you have submitted to Curriculum Committee.*

\_\_ **Curriculum Revision Form**

\_\_ **Start-Up and First Year Budget**

\_\_ **Other**: