

**Program Modification Request**

**Program Title:**

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**Reason for Change** (Please check all that apply)

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|  | **Program Inactivation** |  |  | **Course Deletion** |  |  | **Updating Catalog Description** |
|  | **Course Addition** |  | **Updating PLOs** |  | **Program modality (fully online)** |

**Please indicate below what *specific* changes were made for review and/or any other reason not listed:**

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**Please indicate the rationale for change:**

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| These are the names of the processors of this document. They acknowledge and understand that all information here is complete and correct and each individual has reviewed and supports this change request.  |
| **Faculty Author:** |  | Date: |  |
| **Full-Time Faculty in Discipline (Full-time faculty in the discipline other than the person submitting this document, if any, must sign)** |  | Date: |  |
| **Area Dean:** |  | Date: |  |
| **Financial Aid****(If units/hours change):** |  | Date: |  |
| **Articulation Officer:** |  | Date: |  |
| **Curriculum Chair** |  | Date: |  |

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| Process Approvals |
| Curriculum Committee Approval Date |  |
| Vice President AA Approval Date |  |
| Board of Trustees Approval Date |  |
| Proposed Start Date |  |