

Minor Program Change Proposal Form
(Revised August 2004)

Department: _____ Date: _____

Will this change affect any other department or program? (e.g., Teacher Education)

No _____

Yes, the _____ Department and/or Program

What page(s) in the current catalog will be affected by this change(s)? Page(s) _____ (Attach sheet showing what the revised program will look like)

Brief description of what is being proposed:

Rationale:

Required Signatures and Votes:

Dept Vote: For _____ Against _____ Abstain _____ Date _____

Dept Chair: _____ Date _____

Supplemental Signatures as Needed

Other Affected Dept Chair(s) _____

Chair, Gen Ed Subcommittee _____ Date _____

Chair, Teacher Ed Subcommittee _____ Date _____

Dean, Graduate Studies _____ Date _____

ACTION

Subcommittee on Curriculum Vote: #For _____ #Against _____ #Abstain _____

_____ Date _____

Chair of Subcommittee on Curriculum Signature

cc: Registrar

Affected Department(s) or Program(s)

Office of Provost and Academic Affairs

Academic Affairs Committee Chair

UNCP Catalog Supervisor/Proofreader