

Academic Program Change Approval Form

ACTION
<input type="checkbox"/> New
<input type="checkbox"/> Name change
<input type="checkbox"/> Terminate
<input type="checkbox"/> Suspend
<input type="checkbox"/> Reactivate

Degree Type
<input type="checkbox"/> (BA, MS, PHD, etc.)

TYPE OF PROGRAM	
<input type="checkbox"/> Major (or graduate program)	<input type="checkbox"/> Minor
<input type="checkbox"/> Program of Study	
<input type="checkbox"/> Concentration	<input type="checkbox"/> Undergraduate certificate
<input type="checkbox"/> Graduate track	<input type="checkbox"/> Post-baccalaureate certificate
<input type="checkbox"/> Undergraduate track	<input type="checkbox"/> Post-master's certificate
	<input type="checkbox"/> Certificate of Advanced Graduate Study (CAGS)
Other _____	

Department from which request originated: _____

Term when change will become effective: _____

Summarize requested change in the space below:

APPROVALS:

Signature:

Date:

Department Chair: _____

College Governance: _____

College Dean: _____

Dean of Graduate Studies: _____

Graduate Studies Committee: _____

Faculty Council: _____

Provost: _____

Chancellor: _____

President: _____

Board of Trustees: _____

BHE: _____

Routing Instructions: <input type="checkbox"/> Department <input type="checkbox"/> College <input type="checkbox"/> Dean
<input type="checkbox"/> Registrar <input type="checkbox"/> Institutional Research <input type="checkbox"/> University Communications
(to be completed by Provost's Office)