

Program/Major or Minor/Concentration Revision Form

(07/2004)

1.0 Degree Title 2.0 Administering Faculty/Unit Specify the two degrees for concurrent degree programs

Offering Faculty/Department

7.0 List of existing program and proposed program	
	Program/Major or Minor/ Concentration Revision Form P2-2

8.0 Consultation with Related Units Yes No Financial Consult Yes No Attach list of consultations 9. Approvals Routing Sequence Signature Date Name Department Curric/Acad Committee Faculty 1 Faculty 2 Faculty 3 SCTP GS APPC Senate Submitted by Name To be completed by ARR: Phone CIP Code Email Submission Date