

# SDSU Change in Program

NOTE: Enter only one program on this form. Please type.

Three copies are needed of all attachments.

College Control	University
No. _____	Control No. _____
15 Deans _____	15 Curr. _____
15 G.C.C.C. _____	W _____
G _____	C _____

1. DEPARTMENT \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ 2. DATE \_\_\_\_\_

3. APPROVALS: If proposed change is approved, sign and date in the space below and forward to the next reviewing authority.

Department Chair	_____	Date	_____
College Curriculum Comm.	_____	Date	_____
College Dean	_____	Date	_____
Approved as editorial revision; no further processing.	_____	Date	_____
Provost	_____	G.C.C.C.	_____
Academic Deans	_____	Senate	_____
Undergraduate Curriculum Committee	_____	Chancellor	_____

4. CATALOG COPY for: \_\_\_\_\_  
(title of program)

5. SPECIFY WAY IN WHICH NEW PROPOSAL DIFFERS FROM EXISTING PROGRAM. List courses deleted and courses added to requirements.

6. SPECIFY REASONS FOR CHANGE(S).

7. INDICATE ANY SPECIAL REQUIREMENTS NEEDED FOR CHANGE such as equipment, space, special staff, etc.

8. IF THE PROPOSAL ADDS A COURSE OR COURSES FROM A MAJOR THAT IS IMPACTED, ATTACH CORRESPONDENCE FROM THE IMPACTED MAJOR DEPARTMENT(S) OFFERING THE COURSE(S) INDICATING THAT STUDENTS IN THIS PROGRAM CAN BE ACCOMMODATED IN THE CLASS(ES).