**Revise a Program**

**(Action)**

Date:

College:

Department:

Contact Person: Name, email, phone

**1. Identification of program:**

* 1. Reference number:
	2. Program title:

**2. Proposed change(s):**

2.1 [ ]  title:

2.2 [ ]  admission criteria:

 2.3 [ ]  curriculum:

 2.4 [ ]  other:

**3. Detailed program description:**

|  |  |
| --- | --- |
| Existing Program | Revised Program |
| (Insert existing program language) | (Identify deletions by strike-through and highlight additions.) |

**4. Rationale:**

**5. Proposed term for implementation:**

**6. Dates of committee approvals:**

|  |  |
| --- | --- |
| Department |  |
| College Curriculum Committee  |  |
| Professional Education Council (if applicable) |  |
| Graduate Council Curriculum Committee  |  |
| Graduate Council  |  |
| University Senate |  |