



Date

USCB Program Modification Proposal

Requesting Academic Department

Justification and other supporting documents must accompany this form

Change Effects
(Check all that apply)

Major

Minor

Concentration

Certificate

General Education

Other

Brief Description of
Request

Detailed Proposed
Modification

Effective Term for Update:

Fall

Spring

Summer

YEAR

Name:

Department:

Contact Person

Phone Number:

Email Address:

Notifications

Recommendation

Department Chair Yes No

Date:

Date reported to or approved
by Faculty Senate

C3 Committee
Chair Yes No

Date:

Approvals

Faculty Senate
Chair

Date:

Provost

Date: