Plan Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Plan requirement changes [ ]  Discontinue plan [ ]  Add plan Effective Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Semester** | **Courses to Add or Change** | **Course Credits** | **Courses to Remove** |
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As requesting faculty member, I certify that the changes submitted on this form have been approved by the College’s Curriculum Committee. If this is a new program, I also certify that the President’s Office has acknowledged receipt of a response letter from SACSCOC declaring SACSCOC’s approval of this new program.

Date Approved by Curriculum Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_

VP of Academic and Student Services Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Faculty Member Requesting Change Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Division Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_